



## **Women's Health Care Bibliography December 2003**

1: Acta Obstet Gynecol Scand. 2003 Dec;82(12):1107-11.

**Effects of low-dose 17-beta-estradiol plus norethisterone acetate and tibolone on fasting plasma homocysteine levels in postmenopausal women.**

Kaleli B, Yildirim B, Demir S, Alatas E.; Departments of Obstetrics and Gynecology and Biochemistry, Medical Faculty, Pamukkale University, Denizli, Turkey. bkaleli@netscape.net

**BACKGROUND:** Many postmenopausal women currently receive hormone replacement therapy. The use of low-dose 17beta-estradiol plus norethisterone acetate and tibolone for hormone replacement therapy is not uncommon in postmenopausal women. Homocysteine, which is known to be an independent risk factor for the development of cardiovascular disease, is found in increased levels postmenopause. This study compared the effects of low-dose 17beta-estradiol plus norethisterone acetate and tibolone on the fasting plasma homocysteine level in healthy postmenopausal women. **METHODS:** Healthy postmenopausal women (n = 44) were enrolled in the study. Women randomly assigned received 1 mg of 17beta-estradiol plus 0.5 mg of norethisterone acetate or 2.5 mg tibolone during a period of 12 weeks. Fasting plasma homocysteine levels were measured at baseline, the 4th week, and the 12th week of therapy. **RESULTS:** In the 4th week there were no significant changes in plasma homocysteine levels in both groups ( $p > 0.05$ ). However at the end of the 12th week the plasma homocysteine levels were reduced significantly in both groups ( $p < 0.05$ ). **CONCLUSION:** Low-dose 17beta-estradiol plus norethisterone acetate and tibolone lower the fasting plasma homocysteine levels in healthy postmenopausal women. PMID: 14616255 [PubMed - in process]

2: Addict Behav. 2003 Dec;28(9):1665-79.

**Smoking patterns, symptoms of PTSD and depression: Preliminary findings from a sample of severely battered women.**

Weaver TL, Etzel JC. ; Department of Psychology, Saint Louis University, 221 North Grand Boulevard, 63103, Saint Louis, MO, USA

Intimate partner violence (IPV) is a public health problem that significantly impacts the physical and emotional well-being of women. In addition to the health risk associated with violence exposure, female victims of IPV are at increased risk of engaging in damaging health behaviors, including cigarette smoking. The present study examined patterns of cigarette smoking, using the Fagerstrom Test for Nicotine Dependence (FTND), and explored its association with socio-demographic factors, characteristics of physical, psychological, and sexual forms of IPV, symptoms of posttraumatic stress disorder (PTSD), and depression within 62 female victims of severe battering. Fifty-eight percent of the total sample reported that they were current smokers. Within the group of current smokers, women who evidenced greater symptoms of nicotine-related physical dependence (NRPD) were more likely to be unemployed, have less education, experience more recent violence, more severe IPV-related

sexual coercion, more IPV-related dominance/isolation, and more severe symptoms of PTSD and depression. In addition, greater symptoms of NRPD were significantly and positively associated with PTSD clusters of re-experiencing and arousal. Implications for these preliminary findings were discussed and directions for future research were detailed.  
PMID: 14656552 [PubMed - in process]

3: Am Heart J. 2003 Dec;146(6):1038-44.

**Comparison of health-related quality-of-life outcomes of men and women after coronary artery bypass surgery through 1 year: findings from the POST CABG Biobehavioral Study.**

Lindquist R, Dupuis G, Terrin ML, Hoogwerf B, Czajkowski S, Herd JA, Barton FB, Tracy MF, Hunninghake DB, Treat-Jacobson D, Shumaker S, Zyzanski S, Goldenberg I, Knatterud GL; POST CABG Biobehavioral Study Investigators.; University of Minnesota, Minneapolis, Minn, USA.

**BACKGROUND:** Women undergoing coronary artery bypass graft (CABG) surgery have a worse medical condition and fewer social and financial resources than men. Some studies have found that women recover less well than men after CABG, whereas others have found women's outcomes comparable to those of men. Past studies of health-related quality of life after CABG have too few women for adequate comparison with men and have not included patients whose data are not available at baseline (eg, emergency CABG), limiting generalizability. **METHODS:** A longitudinal study of symptoms and health-related quality of life was conducted among patients from four clinical centers enrolling both men (n = 405) and women (n = 269) in the Post CABG Biobehavioral Study in the United States and Canada. **RESULTS:** After 6 weeks from CABG (average 81 days), both men and women had less anxiety and symptoms related to depression than before surgery (P <.001). After 6 months (average 294 days), both men and women improved in physical and social functioning (P <.001). Although changes in scale scores were similar for men and women at each time point, women scored lower than men on these domains (P <.001, adjusted for baseline medical and socio-demographic differences) and had more symptoms related to depression through 1 year after CABG (P =.003). **CONCLUSIONS:** Both male and female patients improve in physical, social, and emotional functioning after CABG, and recovery over time is similar in men and women. However, women's health-related quality-of-life scale scores remained less favorable than men's through 1 year after surgery.  
PMID: 14660996 [PubMed - in process]

4: Am J Cardiol. 2003 Dec 1;92(11):1294-9.

**Relation of heart rate at rest and mortality in the Women's Health and Aging Study.**

Chang M, Havlik RJ, Corti MC, Chaves PH, Fried LP, Guralnik JM. ; Laboratory of Epidemiology, Demography, and Biometry, National Institute on Aging, National Institutes of Health, Bethesda, Maryland 20892, USA.

Increased heart rate (HR) has been shown to be associated with increased risk of all-cause and heart disease mortality. However, HR as a health indicator in disabled older women has not been closely examined. The purpose of this study is to assess the association between HR and 3-year mortality in disabled older women. HR at rest was measured using the electrocardiogram. Three groups were categorized by baseline HR (beats per minute): (1) <60, (2) 60 to 89, and (3) >=90. The survival rate over 3 years was examined. For the total population, age-adjusted 3-year mortality was nearly 40% for the HR >=90 group, compared with <20% mortality in the HR 60 to 89 group. Women with a HR <60 beats/min had similar mortality to those with HRs 60 to 89 beats/min. Among women with no heart disease and normal electrocardiograms, mortality was slightly lower in all groups, but the association of elevated HR with increased mortality remained. In Cox proportional hazard models, after adjustment for age, number of diseases, medications, blood pressure, smoking status, body mass index, ankle-brachial index, activity status, physical performance score, and forced expiratory volume in the first second, there remained a twofold increase in the risk of death for the HR >=90 group. Sub-clinical conditions not measured in this study, such as mild heart

failure, may be associated with both increased HR and mortality; this may explain the relation. In patients with and without heart disease, further investigation of cardiovascular status may be warranted if their HR is  $\geq 90$  beats/min. PMID: 14636906 [PubMed - in process]

5: Am J Clin Nutr. 2003 Dec;78(6):1160-7.

**Body iron stores and their determinants in healthy postmenopausal US women.**

Liu JM, Hankinson SE, Stampfer MJ, Rifai N, Willett WC, Ma J.; Channing Laboratory, Department of Medicine, Brigham and Women's Hospital and Harvard Medical School, 181 Longwood Avenue, Boston, MA 02115, USA.

**BACKGROUND:** Data on the determinants of body iron stores in middle-aged women are sparse. **OBJECTIVE:** We prospectively evaluated non-dietary and dietary determinants of iron stores. **DESIGN:** Using blood samples collected in 1989-1990, we measured plasma ferritin concentrations in 620 healthy postmenopausal women aged 44-69 y who participated in the Nurses' Health Study. Food-frequency questionnaires completed in 1980, 1984, and 1986 were used to calculate average dietary intakes. Generalized linear regression and multiple logistic regression models were used to assess the association between plasma ferritin and its determinants. **RESULTS:** Among these postmenopausal women, the median plasma ferritin concentration was 73.8 ng/mL (interquartile range: 41.6-125.8 ng/mL), 2.7% were iron depleted (ferritin concentration < 12 ng/mL), and 9.8% had an elevated ferritin concentration (> 200 ng/mL). Age, time since menopause, time since the last postmenopausal hormone (PMH) use, body mass index, iron supplement use, and alcohol and heme-iron intakes were positively associated with ferritin concentrations, whereas PMH use, physical activity, aspirin use, and gastrointestinal ulcer were inversely related. The association between heme-iron intake and ferritin was most apparent among the women who consumed > 30 g alcohol/d. **CONCLUSIONS:** Our prospective data confirm that in postmenopausal women, intakes of heme iron, supplemental iron, and alcohol are dietary determinants of plasma ferritin, and age, PMH use, body mass index, physical activity, aspirin use, and gastrointestinal ulcer are nondietary determinants. PMID: 14668279 [PubMed - in process]

6: Am J Epidemiol. 2003 Dec 15;158(12):1161-70.

**Association of total and central obesity with mortality in postmenopausal women with coronary heart disease.**

Kanaya AM, Vittinghoff E, Shlipak MG, Resnick HE, Visser M, Grady D, Barrett-Connor E.; Division of General Internal Medicine, Department of Medicine, University of California, San Francisco, San Francisco, CA.

Overweight and abdominal obesity increase mortality risk, although the risk may be mediated by traditional cardiac risk factors. The authors assessed the association of baseline measures, change in overall body weight and abdominal obesity (waist circumference), and weight and waist circumference cycling with total mortality among postmenopausal women with known heart disease. They used data from 2,739 US women who participated in the Heart and Estrogen/progestin Replacement Study between 1993 and 2001. Over 6.8 years of follow-up, 498 women died. In adjusted Cox models that included either baseline waist circumference or body mass index (BMI), each was associated with mortality. However, after further adjustment for diabetes, hypertension, and lipoproteins, these associations disappeared. In models including both waist circumference and BMI, larger waist circumference (hazard ratio = 1.40 per standard deviation, 95% confidence interval: 1.16, 1.68) was associated with increased risk and higher BMI (hazard ratio = 0.81 per standard deviation, 95% confidence interval: 0.67, 0.97) was associated with decreased risk of total mortality, independent of cardiac risk factors. Weight and waist circumference cycling were not associated with mortality. Results show that both BMI and waist circumference are associated with mortality among postmenopausal women with established heart disease, but waist circumference may be more important than BMI, and their effects may be largely mediated by other cardiac risk factors. PMID: 14652301 [PubMed - in process]

7: Am J Epidemiol. 2003 Dec 15;158(12):1139-47.

**Is obesity associated with major depression? Results from the third national health and nutrition examination survey.**

Onyike CU, Crum RM, Lee HB, Lyketsos CG, Eaton WW. ; Department of Psychiatry and Behavioral Sciences, School of Medicine, Johns Hopkins University, Baltimore, MD.

Data from the Third National Health and Nutrition Examination Survey (1988-1994) were used to examine the relation between obesity and depression. Past-month depression was defined using criteria from the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, and was measured with the Diagnostic

Interview Schedule. Obesity was defined as a body mass index (weight (kg)/height (m)(2)) of 30 or higher. The authors compared risks of depression in obese and normal-weight (body mass index 18.5-24.9) persons. Obesity was associated with past-month depression in women (odds ratio (OR) = 1.82, 95% confidence interval (CI): 1.01, 3.3) but was not significantly associated in men (OR = 1.73, 95% CI: 0.56, 5.37). When obesity was stratified by severity, heterogeneity in the association with depression was observed. Class 3 (severe) obesity (body mass index  $\geq 40$ ) was associated with past-month depression in unadjusted analyses (OR = 4.98, 95% CI: 2.07, 11.99); the association remained strong after results were controlled for age, education, marital status, physician's health rating, dieting for medical reasons, use of psychiatric medicines, cigarette smoking, and use of alcohol, marijuana, and cocaine. These findings suggest that obesity is associated with depression mainly among persons with severe obesity. Prospective studies will be necessary to clarify the obesity-depression relation but await the identification of potential risk factors for depression in the obese.

PMID: 14652298 [PubMed - in process]

8: Am J Epidemiol. 2003 Dec 15;158(12):1132-8.

**Weight loss: a determinant of hip bone loss in older men and women: the rancho bernardo study.**

Knoke JD, Barrett-Connor E.; Department of Family and Preventive Medicine, School of Medicine, University of California, San Diego, San Diego, CA.

The sex-specific effect of weight change on change in total hip bone mineral density was evaluated over 4 years (1992-1996) in 1,214 community-dwelling adults whose mean age at baseline was 71 years. Weight and bone mineral density (by dual-energy x-ray absorptiometry) were assessed at two study visits. The average bone loss was 0.5% per year in both sexes; 29% of men and 28% of women lost at least 1% of bone mineral density per year. More than one in five participants lost at least 1% of their body weight per year (21% of men and 23% of women). These weight losers were twice as likely as others to lose bone at the rate of at least 1% per year. In analyses controlling for age, baseline weight, and lifestyle, weight loss was the strongest independent predictor of bone loss (odds ratios were 1.53 for men and 1.56 for women). Persons with weight loss of at least 1% per year were more likely to report fair or poor health and functional limitation at the second visit and to die within 2 years of the second visit; however, most did not report declining health, and most survived for at least 2 additional years.

PMID: 14652297 [PubMed - in process]

9: Am J Epidemiol. 2003 Dec 1;158(11):1068-74.

**Early intrauterine exposure to tobacco-inhaled products and obesity.**

Toschke AM, Montgomery SM, Pfeiffer U, von Kries R.; Division of Pediatric Epidemiology, Institute for Social Pediatrics and Adolescent Medicine, Ludwig-Maximilians University of Munich, Munich, Germany.  
michael.toschke@LRZ.uni-muenchen.de

An association between maternal smoking during pregnancy and offspring obesity has been reported. This study assessed the impact of maternal smoking during the first trimester. Data

on 4,974 German children aged 5-6 years were obtained at school entry health examinations in 2001-2002 in Bavaria. Obesity was defined by body mass index using International Obesity Task Force cutpoints. Prevalence of obesity was 1.9% (95% confidence interval (CI): 1.5, 2.4) in offspring of never smokers, 4.5% (95% CI: 2.9, 6.7) for maternal smoking during the first trimester only, and 5.9% (95% CI: 3.8, 8.7) for maternal smoking throughout pregnancy.

Unadjusted odds ratios were higher for maternal smoking throughout pregnancy (odds ratio = 3.23, 95% CI: 2.00, 5.21) compared with the first trimester only (odds ratio = 2.41, 95% CI: 1.49, 3.91). Adjusted odds ratios were similar: 1.70 (95% CI: 1.02, 2.87) for maternal smoking throughout pregnancy and 2.22 (95% CI:

1.33, 3.69) for maternal smoking in the first trimester only. When modeled together, no statistically significant difference in obesity risk was found between maternal smoking in the first trimester compared with throughout

pregnancy. The effect of intrauterine tobacco exposure on childhood obesity may depend largely on cigarette smoking during the first trimester, whereas the additional impact of smoking throughout pregnancy might be due to confounding by socio-demographics. Women should be encouraged to quit smoking prior to conception.

PMID: 14630602 [PubMed - in process]

10: Am J Ind Med. 2003 Dec;44(6):563-4.

**Introduction: epidemiologic research on occupational health in women.**

Kogevinas M, Zahm SH.; Respiratory and Environmental Health Research Unit, Municipal Institute of

Medical Research (IMIM), Barcelona, Spain. kogevinas@imim.es

PMID: 14635232 [PubMed - in process]

11: Am J Ind Med. 2003 Dec;44(6):679-84.

**Psychosocial risk factors for musculoskeletal symptoms among women working in geriatric care.**

Gunnarsdottir HK, Rafnsdottir GL, Helgadottir B, Tomasson K. ; Department of Research and Occupational Health, Administration of Occupational Health, Iceland. hkg@ver.is

BACKGROUND: Nursing is a stressful, physically demanding occupation and a rush setting for musculoskeletal problems. The aim of this study is to explore the extent of the association between psychosocial work characteristics and musculoskeletal symptoms among women working in geriatric care. METHODS: The participants were female employees of all geriatric nursing homes and geriatric

hospital wards in Iceland having a staff of 10 or more. A total of 1,886 questionnaires were distributed. The response rate was 80%. RESULTS: Finding the job mentally difficult, mental exhaustion after one's shift, dissatisfaction with supervisors or the flow of information, insufficient influence at work, dissatisfaction with the hierarchy, intense time pressure, lack of solidarity, dissatisfaction with the job, harassment, violence or threats at work; all of the aforementioned gave crude odds ratios (OR) two or above for one or more musculoskeletal symptoms. Mental exhaustion and harassment, violence, and threats were the factors connected with symptoms from all the body regions studied. CONCLUSIONS: The extent of the association of work-related psychosocial factors and musculoskeletal symptoms among the geriatric female nursing staff is substantial and needs to be taken into account by occupational health services and others involved in preventive work. Am. J. Ind. Med. 44:679-684, 2003.

Copyright 2003 Wiley-Liss, Inc.

PMID: 14635245 [PubMed - in process]

12: Am J Ind Med. 2003 Dec;44(6):584-94.

**Pesticide exposure and women's health.**

Garcia AM.; Department of Preventive Medicine and Public Health, University of Valencia, Valencia, Spain. anagar@uv.es



**BACKGROUND:** Research on pesticide-related health effects has been mostly focused in industrialized countries and in men. This paper discusses critical issues related to women's pesticide exposure and its effects on women's health. **METHODS:** The literature on pesticides was reviewed with emphasis on data related to women. Attention was focused on research suggesting different conditions of exposure or different response to pesticides by sex. Studies on cancer and reproductive effects were used as illustrative examples. **RESULTS:** Women are increasingly exposed to pesticides in developing countries, where women's poisoning and other pesticide-related injuries seem to be greatly underestimated. Many of the effects of pesticides in human health will be the same for men and women, but not always. Some organochlorine pesticides have been related to breast cancer in post-menopausal women. However, knowledge about other pesticides is much more limited. Epidemiological studies assessing maternal exposure to individual pesticides and abortion, fetal death, or congenital defects are not conclusive, although some suggestive associations have been observed. **CONCLUSIONS:** Gender-sensitive research is needed to properly address the study of women's pesticide exposures and related adverse outcomes. A better understanding of potential gender-environment and sex-environment interactions related to pesticide exposure and health effects in women is needed. Copyright 2003 Wiley-Liss, Inc. PMID: 14635235 [PubMed - in process]

13: Ann Behav Med. 2003 Dec;26(3):201-11.

**Repeat mammography: prevalence estimates and considerations for assessment.**

Clark MA, Rakowski W, Bonacore LB.; Brown University; Melissa\_Clark@brown.edu

Despite recent controversies in mammography efficacy, encouraging women to obtain regular screenings is still an important public health priority. Published articles about repeat or regular screening were reviewed to determine trends in rates of mammography adherence. A search of MEDLINE and PsycINFO from January 1990 to December 2001 identified 45 empirical articles of U.S. samples that reported, or provided sufficient data to calculate, the percentage of women 50 years of age and older who obtained 2 or more consecutive, on-schedule mammograms. Keywords used in the searches included pairing mammography with regular, repeat, adherence, compliance, annual, rescreen, and maintenance. The weighted average repeat mammography percentage across all eventually included studies (N = 37) was 46.1% (confidence interval: 39.4%, 52.8%). There was no substantial difference in the average repeat screening percentages comparing studies that collected data from 1995 to 2001 versus 1991 to 1994. Within each of 3 time periods of data collection (pre-1991, 1991-1994, 1995-2001), there was substantial variation in repeat rates. This variation appears to be due to several characteristics of study design and sampling, including the definition/methods of collecting data about the adherence measure, prior mammography status, and use of an upper age limit at recruitment. Consensus is needed regarding the definition of repeat mammography. National surveys must include items to assess repeat mammography in order to have estimates that accurately represent population-level rates. Although this study involved mammography, similar challenges in assessing prevalence rates can occur with other screening behaviors. PMID: 14644696 [PubMed - in process]

14: Ann Behav Med. 2003 Dec;26(3):212-20.

**Lifestyle intervention can prevent weight gain during menopause: results from a 5-year randomized clinical trial.**

Simkin-Silverman LR, Wing RR, Boraz MA, Kuller LH.; Graduate School of Public Health, University of Pittsburgh; LRS@pitt.edu

Context: Menopausal-related weight gain and increased waist circumference have major cardiovascular health implications for older women. The efficacy of a dietary and physical activity lifestyle intervention to prevent weight gain and elevations in cardiovascular disease (CVD) risk factors from the peri- to postmenopause is unknown. Objective: To report the 54-month results of a lifestyle dietary and physical activity program on weight, body composition, physical activity, diet, and other CVD risk factors. Design: Data are from a

5-year randomized clinical trial known as the Women's Healthy Lifestyle Project, conducted from 1992 to 1999. Participants: 535 healthy, premenopausal women ages 44 to 50 at study entry enrolled into the trial. Intervention: Participants were randomly assigned to either a lifestyle intervention group receiving a 5-year behavioral dietary and physical activity program or to an assessment-only control group. The lifestyle intervention group was given modest weight loss goals (5-15 lb, or approximately 2.3-6.8 kg) to prevent subsequent gain above baseline weight by the end of the trial. To achieve weight loss and lower low-density lipoprotein cholesterol levels, intervention participants followed an eating pattern consisting of 1,300 kcal/day (25% total fat, 7% saturated fat, 100 mg of dietary cholesterol) and increased their physical activity expenditure (1,000-1,500 kcal/week). Main Outcome Measures: Regarding weight gain prevention, 55% (136/246) of intervention participants were at or below baseline weight compared with 26% (68/261) of controls after 4.5 years,  $c^2(2, N = 507) = 45.0, p < .001$ . The mean weight change in the intervention group was 0.1 kg below baseline (SD = 5.2 kg) compared with an average gain of 2.4 kg (SD = 4.9 kg) observed in the control group. Waist circumference also significantly decreased more in the intervention group compared with controls (M = -2.9 cm, SD = 5.3 vs. M = -0.5 cm, SD = 5.6,  $p < .001$ ). Moreover, participants in the lifestyle intervention group were consistently more physically active and reported eating fewer calories and less fat than controls. Long-term adherence to physical activity and a low-fat eating pattern was associated with better weight maintenance. Conclusions: In healthy women, weight gain and increased waist circumference during the peri- to postmenopause can be prevented with a long-term lifestyle dietary and physical activity intervention. PMID: 14644697 [PubMed - in process]

15: Ann Intern Med. 2003 Dec 2;139(11):954; author reply 954-5.

Comment on:

Ann Intern Med. 2003 Jan 21;138(2):150-1.

Ann Intern Med. 2003 Jan 21;138(2):81-9.

**Risk factors and secondary prevention in women with heart disease.**

Rathore SS, Krumholz HM.

Publication Types: Comment, Letter

PMID: 14644900 [PubMed - indexed for MEDLINE]

16: Ann Oncol. 2003 Dec;14(12):1744-50.

**Functional status is well maintained in older women during adjuvant chemotherapy for breast cancer.**

Watters JM, Yau JC, O'Rourke K, Tomiak E, Gertler SZ.; Department of Surgery, Ottawa Health Research Institute, Ottawa Regional Cancer Centre, Clinical Epidemiology Unit, Ottawa Hospital.

**BACKGROUND:** While adjuvant chemotherapy is known to improve survival in older women with breast cancer, there is little information about its effects on physical function and health-related quality of life. **PATIENTS AND METHODS:** 'Young' (<65 years of age) and 'older' (>=65 years of age) postmenopausal women completed the European Organization for Research and Treatment of Cancer (EORTC) Quality of Life Questionnaire Core Module (QLQ-C30) and BR23 questionnaires and other measures prior to, during and at the completion of anthracycline-based adjuvant chemotherapy, and then 6 and 12 months later. **RESULTS:** Physical, role and social function decreased during chemotherapy and emotional function improved (all  $P < 0.01$ ). The decline in physical function was more marked in young (age range 31-64 years;  $n = 45$ ) than in older women (65-80 years;  $n = 20$ ) ( $P < 0.05$ ), despite similar baseline values and drug dose intensities. Physical and role function had recovered at 6 months post-chemotherapy. Older patients had consistently better emotional function ( $P < 0.01$ ). **CONCLUSIONS:** Physical function and other functional domains are impaired in postmenopausal women during adjuvant chemotherapy for breast cancer, but recover subsequently. Physical function appeared to be better maintained in the older women, who tolerated adjuvant chemotherapy well overall. A knowledge of these effects is important for

clinical decision-making and when defining social support needs during adjuvant chemotherapy.

PMID: 14630679 [PubMed - in process]

17: Ann Thorac Surg. 2003 Dec;76(6):1789-95.

**Menopausal effects on presentation, treatment, and survival of women with non-small cell lung cancer.**

Moore KA, Mery CM, Jaklitsch MT, P Estocin A, Bueno R, Swanson SJ, Sugarbaker DJ, Lukanich JM.;

Division of Thoracic Surgery, Department of General Surgery, Brigham and Women's Hospital and Harvard Medical School, Boston, Massachusetts, USA

Small population studies have reported higher survival rates for women than men with non-small cell lung carcinoma (NSCLC). Because human NSCLC cells express estrogen receptors, we evaluated hormonally active and inactive women to identify biologically mediated differences. A total of 14,676 US women with stage

I through IV primary non-small cell lung cancer (NSCLC) from the 1992 to 1997 Surveillance, Epidemiology, and End Results database were grouped into two categories based on the average menopausal age of 51 years as defined by the American College of Obstetricians and Gynecologists: ages 31 to 50 premenopausal

(n = 2,230, 15%) and ages 51 to 70 postmenopausal (n = 12,446, 85%). Extreme ages were excluded. Statistics were calculated with chi(2) or Mann-Whitney tests, Kaplan-Meier estimates with log-rank tests, and Cox proportional hazards models. Premenopausal women more commonly presented with advanced clinical stage, less favorable histology (adenocarcinoma), and poorly differentiated tumors, and more often underwent pneumonectomies. Surgery with curative intent was performed in 31% premenopausal and 33% postmenopausal women (p = 0.03). Overall survival for premenopausal and postmenopausal women was not significantly different (median 10 and 9 months, all stages; 70 and 71 months, stages I and II). Adjusting for significant covariates (stage, histology, size, grade, extent of surgery), postmenopausal women had higher lung-cancer-related deaths (hazard ratio, 1.14; 95% confidence interval, 1.03 to 1.27). Premenopausal women presented more often with advanced disease and underwent more extensive resection, yet had survival advantage after covariate adjustment. Additionally, postmenopausal women had a survival advantage compared with their male counterparts. Results suggest that estrogen exposure creates a milieu that may

confer a protective effect through some yet unknown mechanisms that determine outcome of the neoplastic process and warrant further investigation.

PMID: 14667585 [PubMed - in process]

18: Arch Intern Med. 2003 Dec 8-22;163(22):2771-4.

**Risk of venous thromboembolism after air travel: interaction with thrombophilia and oral contraceptives.**

Martinelli I, Taioli E, Battaglioli T, Podda GM, Passamonti SM, Pedotti P, Mannucci PM.;

Angelo Bianchi Bonomi Hemophilia and Thrombosis Center, Istituto di Ricovero e Cura a Carattere Scientifico, Maggiore Hospital, University of Milan, Milan, Italy.

**BACKGROUND:** Conflicting data are available on air travel as a risk factor for venous thromboembolism. To our knowledge, there are no studies investigating whether individuals with thrombophilia and those taking oral contraceptives are more likely to develop venous thromboembolism during flights than those without these risk factors. **PARTICIPANTS AND METHODS:** The study sample consisted of 210 patients with venous thromboembolism and 210 healthy controls. DNA analysis for mutations in factor V and prothrombin genes and plasma measurements of antithrombin, protein C, protein S, total homocysteine levels, and antiphospholipid antibodies were performed. **RESULTS:** In the month preceding thrombosis for patients, or the visit for controls, air travel was reported by 31 patients (15%) and 16 controls (8%), with an oddsratio of 2.1 (95% confidence

interval, 1.1-4.0). Thrombophilia was present in 102 patients (49%) and 26 controls (12%), and oral contraceptives were used by 48 patients and 19 controls (61% and 27% of those of reproductive age, respectively). After stratification for the presence of air travel and thrombophilia, the odds ratio for thrombosis



in individuals with both risk factors was 16.1 (95% confidence interval, 3.6-70.9). Stratification for the presence of air travel and oral contraceptive use gave an odds ratio of 13.9 (95% confidence interval, 1.7-117.5) in women with both risk factors. **CONCLUSIONS:** Air travel is a mild risk factor for venous thromboembolism, doubling the risk of the disease. When thrombophilia or oral contraceptive use is present, the risk increases to 16-fold and 14-fold, respectively, indicating a multiplicative interaction. PMID: 14662632 [PubMed - in process]

19: Arch Phys Med Rehabil. 2003 Dec;84(12):1823-30.

**Health behaviors, body composition, and coronary heart disease risk in women with multiple sclerosis.**

Slawta JN, Wilcox AR, McCubbin JA, Nalle DJ, Fox SD, Anderson G.; Department of Health and Physical Education, Southern Oregon University, 1250 Siskiyou Boulevard, Ashland, OR 97501, USA. slawta@sou.edu

**OBJECTIVES:** To explore coronary heart disease risk in a sample of women with multiple sclerosis (MS) by identifying the presence of established risk factors for coronary heart disease and to determine the relationship between disease severity and level of participation in health-related behaviors. **DESIGN:** Survey study. **SETTING:** Five general community settings in Oregon. **PARTICIPANTS:** Women with physician-diagnosed MS (N=123) recruited from MS chapters, physician referrals, and newspaper announcements. **INTERVENTIONS:** Not applicable. **MAIN OUTCOME MEASURES:** Modified Yale Physical Activity Survey, Block Food Frequency

Questionnaire, blood analysis, skinfolds, and waist and hip circumferences. **RESULTS:** The majority of women met current physical activity guidelines. The frequencies of unfavorable levels of metabolic variables and obesity were similar to those reported in the general population. Significant associations were observed between mobility and physical activity, total and abdominal fat, and several dietary habits. **CONCLUSION:** Coronary heart disease risk in this sample was comparable to that of the general population of women without MS. Physical inactivity, body composition, and perhaps nutritional habits decline with decreasing mobility, emphasizing the need for families and health care providers to work together to find solutions that increase health-promoting behaviors in women with more advanced MS.

PMID: 14669190 [PubMed - in process]

20: Arterioscler Thromb Vasc Biol. 2003 Dec 4 [Epub ahead of print].

**Alcohol Consumption in Relation to Aortic Stiffness and Aortic Wave Reflections: A Cross-Sectional Study in Healthy Postmenopausal Women.**

Sierksma A, Lebrun CE, Van Der Schouw YT, Grobbee DE, Lamberts SW, Hendriks HF, Bots ML.;

Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, The Netherlands; the Department of Nutritional Physiology, TNO Nutrition and Food Research, Zeist, The Netherlands; and the Department of Internal Medicine, Erasmus University Medical Center Rotterdam, Rotterdam, The Netherlands.

**OBJECTIVE:** Moderate alcohol consumption has been postulated to be cardioprotective. Such an effect might be reflected in large-artery properties, such as arterial stiffness and wave reflections. **METHODS AND RESULTS:** Three hundred seventy-one healthy postmenopausal women aged 50 to 74 years were sampled from a population-based study. Alcohol intake was calculated from a standardized questionnaire. Applanation tonometry was applied to assess the augmentation index and aortic pulse-wave velocity. Those drinking 1 to 3, 4 to 9, 10 to 14, and 15 to 35 glasses of alcoholic beverages per week had a 0.044 (95% CI -0.47 to 0.56), -0.085 (95% CI -0.59 to 0.43), -0.869 (95% CI -1.44 to -0.29), and -0.0225 (95% CI -0.98 to 0.53) m/s difference in mean pulse-wave velocity compared with nondrinkers, respectively, which indicates a J-shaped relationship. Adjustment for potential confounders of pulse-wave velocity or alcohol intake did not materially change the strength of the association. Adjustment for HDL further attenuated the relationship. The augmentation index was not related to alcohol consumption when adjustments were made for

physiological determinants such as age, height, and ejection duration. **CONCLUSIONS:** Among postmenopausal women, alcohol consumption is inversely associated with pulse-wave velocity. This supports the presence of a decreased risk of cardiovascular disease with moderate alcohol consumption, which may be mediated in part by HDL cholesterol.  
PMID: 14656732 [PubMed - as supplied by publisher]

21: Arthritis Rheum. 2003 Dec 15;49(6):789-97.

**Effects of concurrent strength and endurance training in women with early or longstanding rheumatoid arthritis: comparison with healthy subjects.**

Hakkinen A, Hannonen P, Nyman K, Lyyski T, Hakkinen K.; Department of Physical Medicine and Rehabilitation, Central Finland Health Care District, Central Hospital, Keskussairaalantie 19, Jyväskylä, Finland 40620. arja.hakkinen@ksshp.fi

**OBJECTIVE:** To investigate the effects of a 21-week concurrent strength and endurance training protocol on physical fitness profile in women with early or longstanding rheumatoid arthritis (RA) compared with healthy subjects. **METHODS:** Twenty-three female patients with RA volunteered for the study. Twelve had early RA and eleven had longstanding RA. Twelve healthy women served as controls. Maximal strength of different muscle groups was measured by dynamometers, walking speed with light cells, and vertical squat jump on the force platform to mirror explosive force. Maximal oxygen uptake was measured by gas analyzer. Six training sessions (3 strength training and 3 endurance training) were carried out in a 2-week period for 21 weeks. **RESULTS:** The training led to large gains in maximal strength both in women with RA and in healthy women ( $P < 0.043$ - $0.001$ ). The strength gains were accompanied by increases in walking speed ( $P < 0.034$ - $0.001$ ) and vertical squat jump ( $P < 0.034$ - $0.001$ ). Significant improvements also occurred in maximal aerobic capacity in all groups ( $P < 0.023$ - $0.014$ ). **CONCLUSIONS:** Both early and longstanding RA patients with stable disease can safely improve all characteristics of their physical fitness profile using a progressive concurrent strength and endurance training protocol.  
PMID: 14673965 [PubMed - in process]

22: Arthritis Rheum. 2003 Dec 15;49(6):846-52.

**Young women with chronic disease: a female perspective on the impact and management of rheumatoid arthritis.**

Harrison MJ.; Weill Medical College of Cornell University, The Hospital for Special Surgery, 535 East 70th Street, New York, NY 10021, USA. harrisonm@hss.edu  
PMID: 14673973 [PubMed - in process]

23: Asian Cardiovasc Thorac Ann. 2003 Dec;11(4):293-8.

**Why are the results of coronary artery bypass grafting in women worse?**

Perek B, Jemielity M, Dyszkiewicz W.; Department of Cardiac Surgery, Institute of Cardiology, K Marcinkowski  
University of Medical Sciences, Poznan, Poland.

A study was conducted to assess the early results of isolated coronary artery bypass grafting in women and to determine the risk factors for early postoperative complications. Between January 1994 and July 2001, 1,730 patients (301 women and 1,429 men) underwent isolated myocardial revascularization. Conventional bypass procedure was performed on 1,554 patients (270 female and 1,284 male) and off-pump procedure on 176 patients (31 female and 145 male). Hospital mortality was significantly higher in women than in men (5.6% versus 2.9%). Low cardiac output syndrome developed in 8.6% of women and 8.5% of men. Postoperative myocardial infarction occurred in 5.3% of women and 4.3% of men ( $p < 0.05$ ). The rate of infectious complications was significantly higher in women (7.0%) than in men (5.8%). The independent risk factors for early mortality in women were left ventricular ejection fraction below 40%, left main disease, and urgent operation. The need for urgent surgery in women was also found to be a significant independent predictor of low cardiac

output syndrome and postoperative myocardial infarction. In conclusion, higher hospital mortality and morbidity in women undergoing coronary surgery are partially related to the severity of coronary atherosclerosis and comorbid conditions.  
PMID: 14681087 [PubMed - in process]

24: Biol Blood Marrow Transplant. 2003 Dec;9(12):760-5.

**Graft-versus-host disease of the vulva and/or vagina: Diagnosis and treatment.**

Spiryda LB, Laufer MR, Soiffer RJ, Antin JA.

We describe a series of women after allogeneic stem cell transplantation with vaginal graft-versus-host disease (GVHD) who were treated with topical cyclosporine, surgery, or both. We reviewed the medical charts of 11 women who presented with vaginal pain, discomfort, and vaginal scarring (inability to perform a Papanicolaou test or have vaginal intercourse because of pain). Vaginal symptoms develop an average of 10 months from bone marrow transplantation. Symptoms and physical findings include excoriated and ulcerated mucosa, thickened mucosa, narrowed introitus, and obliterated introitus from dense scar tissue that does not resolve with systemic or topical estrogens. The severity of symptoms and the physical findings in our study population did not correlate with age, type of leukemia, type of transplant, or severity or acute or chronic GVHD. Excoriated mucosa and moderately thickened mucosa were successfully treated with topical cyclosporine. Extensive synechiae and complete obliteration of the vaginal canal required surgical lysis with postoperative topical cyclosporine. Vaginal GVHD can successfully be treated with topical cyclosporine when mild to moderate disease is present. Surgical lysis with topical cyclosporine is required when more severe disease ensues.

PMID: 14677115 [PubMed - in process]

25: BJOG. 2003 Dec;110(12):1115-9.

**Purohit technique of vaginal hysterectomy: a new approach.**

Purohit RK.; Department of Obstetrics and Gynaecology, Purohit General Hospital, Shakti Nagar, Bargarh, Orissa, India

To ease intra-operative access to laterally at vaginal hysterectomy, we have developed the 'Purohit technique of vaginal hysterectomy' using a right angle forceps, electrocautery and 10 mm telescope with light source. A prospective study on consecutive 214 women with benign disease of the uterus without prolapse, including cases with relative contraindications (excluding endometriosis and uteri above 20 weeks size), demonstrated it to be easy, safe and effective. Vaginal hysterectomy was successfully completed in 213 (99.53%) cases, with one failure (0.46%) which needed laparoscopic assistance. Vaginal salpingo-oophorectomy was completed in all indicated cases. We believe that many abdominal and laparoscopic hysterectomies could be avoided by this technique. Details of the technique can be seen on the following website <http://www.purohittechnique.com>

PMID: 14664883 [PubMed - in process]

26: BMJ. 2003 Dec 6;327(7427):1345.

**Routinely asking women about domestic violence: inquiry may be acceptable in different healthcare environments and to different women.**

Boyle AA.

Publication Types: Comment, Letter

PMID: 14656850 [PubMed - in process]

27: BMJ. 2003 Dec 6;327(7427):1345.

**Routinely asking women about domestic violence: seeking the causes of disease, not routine inquiry, is good practice.**

Duxbury F.

Publication Types: Comment, Letter

PMID: 14656849 [PubMed - in process]

28: Breast. 2003 Dec;12(6):558-68.

**Tailoring adjuvant treatments for the individual breast cancer patient.**

Gelber RD, Bonetti M, Castiglione-Gertsch M, Coates AS, Goldhirsch A.; IBCSG Statistical Center, Department of Biostatistical Science, Dana-Farber Cancer Institute, 44 Binney Str., 02115, Boston, MA, USA

**BACKGROUND:** Chemotherapy, tamoxifen and ovarian function suppression have all demonstrated their effectiveness for treating women with early breast cancer. Treatment selection for individual patients, however, requires estimates on the magnitude of treatment effects to be achieved from the application of each modality. Unfortunately, information currently available is insufficient to properly tailor adjuvant treatments. **METHODS:** We consider predictive factors to improve our understanding about selection of adjuvant therapies, reassessment of data from previous clinical trials and design of future studies. **RESULTS:** Estrogen receptor (ER) and progesterone receptor (PgR) are the primary measures available today to tailor adjuvant therapies. Patient age/menopausal status (ability to obtain treatment effects via ovarian function suppression), measures of the metastatic potential of the tumor (such as number of positive axillary lymph nodes), and concurrent use of chemotherapy and tamoxifen are other factors that modify the magnitude of relative effect associated with chemotherapy and endocrine therapies. The Subpopulation Treatment Effect Pattern Plots (STEPP) method displays the patterns of treatment effects within randomized clinical trials or datasets from meta-analyses to identify features that predict responsiveness to the treatments under study without relying on retrospective subset analysis. Confirmation of hypotheses using independent clinical trial databases is recommended. **DISCUSSION:** All findings from clinical trials and meta-analyses should be presented primarily according to steroid hormone receptor status and patient age. Future studies should be designed as tailored treatment investigations, with endocrine therapies evaluated within populations of patients with endocrine responsive tumors, and chemotherapy questions focused within populations of patients with endocrine nonresponsive disease.  
PMID: 14659135 [PubMed - in process]

29: Breast. 2003 Dec;12(6):516-21.

**Prognostic influence of pregnancy before, around, and after diagnosis of breast cancer.**

Kroman N, Mouridsen HT.; Center of Breast and Endocrine Surgery, Rigshospitalet 3104, Copenhagen, Denmark

A woman's risk of developing breast cancer is closely related to reproductive factors. Whereas the etiological importance of reproductive factors is well described, less is known about the prognostic influence of these factors. The prognostic effect of childbearing before, around, and after diagnosis is reviewed based on the literature and on studies from Danish Breast Cancer Cooperative Group, DBCG. In women with breast cancer overall number of childbirths is found to be without prognostic importance. Women with early primary childbirth seem to have an inferior prognosis compared to women who postpone childbearing. It is generally accepted that early first childbirth is associated with reduced risk of developing breast cancer. Thus, it is proposed that women who develop breast cancer despite an early first delivery represent a selected group of patients with particularly aggressive disease. Women diagnosed with breast cancer during pregnancy often present with advanced disease, but pregnancy at time of diagnosis does not seem to be an independent prognostic factor. However, women diagnosed with breast cancer in the first years after childbirth have a significantly reduced survival. It is assumed that these women, due to the physiological changes during pregnancy, experience growth induction of the tumors during the preclinical stage. In contrast, there is no evidence that pregnancy after breast cancer treatment has a negative influence on prognosis.  
PMID: 14659129 [PubMed - in process]

30: Cancer. 2003 Dec 1;98(11):2316-21.

### **Skin-sparing mastectomy.**

Bleicher RJ, Hansen NM, Giuliano AE.; John Wayne Cancer Institute, Saint John's Hospital and Health Center, Santa Monica, California 90404, USA.

**BACKGROUND:** Skin-sparing mastectomy (SSM) is a variation of modified radical mastectomy (MRM) optimized for reconstruction. The authors attempted to determine SSM attitudes and biases within different specialties and countries throughout the world. **METHODS:** The authors polled 11,485 individuals via e-mail, including members of surgical, medical, and breast oncology societies, about SSM. Respondents were directed to a survey website where data were directly entered into a database. **RESULTS:** Among 1027 respondents, 19 said their knowledge was insufficient to attempt the survey. Surveys were completed by 1008 respondents (8.8%) from 52 countries, comprising 436 (43.3%) surgeons, 376 (37.3%) medical oncologists, 146 (14.5%) radiation oncologists, and 50 (5.0%) individuals from other fields. Of the respondents, 61.9% stated that SSMs are performed at their institution. However 19.1% of these believed that SSM leaves the nipple and areola intact. This perception was higher outside the U.S. ( $P < 0.0001$ ). Despite knowledge by 77.8% that SSM does not have a higher local disease recurrence rate than MRM, 25.3% of these individuals did not believe the literature. This was most prevalent among radiation oncologists (48.5%), as was the belief that SSM is contraindicated in patients with ductal carcinoma in situ and invasive breast carcinoma (23.3%). **CONCLUSIONS:** Despite a developing body of literature, there was variation in opinion among specialties and a lack of understanding of SSM. Many physicians were not familiar with the literature. Among those who were, skepticism was highest among radiation oncologists. Although these results were indicative of only those responding, education about SSM is needed across specialties and in other countries if the procedure is to be widely accepted. Copyright 2003 American Cancer Society. PMID: 14635064 [PubMed - indexed for MEDLINE]

31: Cancer Chemother Pharmacol. 2003 Dec 4 [Epub ahead of print].

### **Insulin-induced enhancement of antitumoral response to methotrexate in breast cancer patients.**

Lasalvia-Prisco E, Cucchi S, Vazquez J, Lasalvia-Galante E, Golomar W, Gordon W.; Department of Medicine, School of Medicine, University of Uruguay, Montevideo, Uruguay.

**PURPOSE.** It has been reported that insulin increases the cytotoxic effect in vitro of methotrexate by as much as 10,000-fold. The purpose of this study was to explore the clinical value of insulin as a potentiator of methotrexate. **PATIENTS AND METHODS.** Included in this prospective, randomized clinical trial were 30 women with metastatic breast cancer resistant to fluorouracil + Adriamycin + cyclophosphamide and also resistant to hormone therapy with measurable lesions. Three groups each of ten patients received two 21-day courses of the following treatments: insulin + methotrexate, methotrexate, and insulin, respectively. In each patient, the size of the target tumor was measured before and after treatment according to the Response Evaluation Criteria In Solid Tumors. The changes in the size of the target tumor in the three groups were compared statistically. **RESULTS.** Under the trial conditions, the methotrexate-treated group and the insulin-treated group responded most frequently with progressive disease. The group treated with insulin + methotrexate responded most frequently with stable disease. The median increase in tumor size was significantly lower with insulin + methotrexate than with each drug used separately. **DISCUSSION.** Our results confirmed in vivo the results of previous in vitro studies showing clinical evidence that insulin potentiates methotrexate under conditions where insulin alone does not promote an increase in tumor growth. Therefore, the chemotherapy antitumoral activity must have been enhanced by the biochemical events elicited in tumor cells by insulin. **CONCLUSIONS.** In multidrug-resistant metastatic breast cancer, methotrexate + insulin produced a significant antitumoral response that was not seen with either methotrexate or insulin used separately. PMID: 14655024 [PubMed - as supplied by publisher]

32: Curr Opin Lipidol. 2003 Dec;14(6):585-91.



## **Alternative hormone replacement regimens: is there a need for further clinical trials?**

Welty FK.

**SUMMARY: PURPOSE OF REVIEW** To review the randomized trials of hormone replacement therapy. **RECENT FINDINGS** Studies have shown that conjugated equine estrogen 0.625 mg a day plus medroxyprogesterone acetate 2.5 mg a day increased the risk of cardiovascular events during the first year of treatment in women both with and without coronary heart disease. Conjugated equine estrogen plus medroxyprogesterone acetate also increased the overall risk of myocardial infarction and stroke in women without coronary heart disease, and myocardial infarction or death in women with coronary heart disease, and also increased the risk of breast cancer, cognitive decline and dementia. Unopposed, oral 17B-estradiol increased the risk of stroke during the first 6 months of treatment in women with a previous stroke. Oral 17B-estradiol with or without cyclic progestin had no effect on the progression of atherosclerosis or reinfarction. Transdermal 17B-estradiol plus cyclic progestin was associated with a non-significant increase in coronary heart disease events in women with coronary heart disease. Compared with placebo, cardiovascular events increased in the ongoing estrogen-only arm of the Women's Health Initiative, indicating that unopposed conjugated equine estrogen is unlikely to be cardioprotective. However, oral 17B-estradiol retarded the progression of sub-clinical atherosclerosis in younger women without coronary heart disease. **SUMMARY** Hormone replacement therapy should not be initiated for the primary or secondary prevention of coronary heart disease in women. A trial of 17B-estradiol started at menopause in women without coronary heart disease should be considered.

PMID: 14624135 [PubMed - in process]

33: Curr Opin Obstet Gynecol. 2003 Dec;15(6):459-64.

### **Hormone replacement therapy update: who should we be prescribing this to now?**

Kocjan T, Prelevic GM.; Department of Endocrinology, University Medical Centre, Ljubljana, Slovenia, and  
Department of Medicine, Royal Free & University College Medical School, London, UK.

**SUMMARY: PURPOSE OF REVIEW** To summarize results from the Women's Health Initiative trial and other recent randomized placebo-controlled trials of hormone replacement therapy, which fundamentally changed our understanding of its risks and benefits. **RECENT FINDINGS** The Women's Health Initiative study for the first time provided evidence of harmful effects of hormone replacement therapy on the cardiovascular system and also confirmed significantly increased risk of breast cancer which was previously documented in a metaanalysis. Most recent studies indicate a particularly harmful effect of combined estrogen/progestin regimens in terms of increased breast cancer risk. **SUMMARY** The effects of hormone replacement therapy on coronary heart disease, stroke, venous thromboembolism, breast cancer, gallbladder, diabetes, cognitive function, health-related quality of life, colorectal cancer, osteoporosis and menopausal symptoms are discussed briefly. The emphasis is on providing concise clinical guidelines for hormone replacement therapy use in new circumstances. We also discuss some alternative therapeutic modalities for women who have menopausal symptoms, but contraindications for hormone replacement therapy.

PMID: 14624210 [PubMed - in process]

34: Curr Opin Obstet Gynecol. 2003 Dec;15(6):465-71.

### **Pregnancy: a stress test for life.**

Williams D.

**SUMMARY: PURPOSE OF REVIEW** This review describes how the physiological demands of pregnancy act as a maternal stress test that can predict a woman's health in later life. Pregnancy transiently catapults a woman into a metabolic syndrome that predisposes to vascular endothelial dysfunction. Women who are already predisposed to this phenotype develop gestational hypertension or diabetes mellitus, which re-emerge in later life as the

metabolic syndrome returns. Pregnancy can also temporarily unmask sub-clinical disease, which may return in later life when the effects of ageing diminish the limited reserves of a vulnerable organ. RECENT FINDINGS Recent studies have attempted to assess how gestational syndromes affect the risk for a woman of developing a diverse range of diseases in later life. As well as cardiovascular disease and diabetes mellitus, pregnancy can reveal a vulnerability to thyroid and pituitary disorders, liver and renal disease, depression, thrombosis and even cancer. SUMMARY Although our knowledge of this phenomenon is incomplete, women who have had gestational syndromes, in particular pregnancy-induced hypertension/preeclampsia or gestational diabetes, should make lifestyle changes that will reduce their risk of cardiovascular disease in later life. PMID: 14624211 [PubMed - in process]

35: Curr Opin Pediatr. 2003 Dec;15(6):636-40.

**Maternal depression: an old problem that merits increased recognition by child healthcare practitioners.**

Zimmer KP, Minkovitz CS.; Department of Pediatrics, Johns Hopkins Hospital, Johns Hopkins Bloomberg School of Public Health, Baltimore, Maryland 21287, USA. kzimmer1@jhmi.edu

PURPOSE OF REVIEW: Maternal depression is an old problem that has received heightened public attention in recent years. Although the prevalence of maternal depression remains considerable, healthcare providers continue to underrecognize and undertreat women with this condition. Currently there is increasing political as well as international support for further study to understand depression and its impact on those directly and indirectly involved. This article will review the magnitude, impact, and suggested screening interventions for maternal depression. RECENT FINDINGS: Various studies and reviews have documented the prevalence of maternal depression as well as the underrecognition and undertreatment of the problem. The barriers that contribute to this can be related to the individual, the provider, as well as the healthcare delivery system. Depression and even depressive symptoms have been well documented to have deleterious impacts in several domains. These include maternal-child relationships, parenting practices, family functioning, and even children's general development and well-being. SUMMARY: The care of the mother has not been in the conventional scope of practice for pediatricians. However, child healthcare practitioners play a crucial role in delivering family-oriented care, including the identification and referral of parents for emotional health problems that adversely affect children and family well-being. PMID: 14631212 [PubMed - in process]

36: Environ Health Perspect. 2003 Dec;111(16):1888-91.

**Profile of urinary arsenic metabolites during pregnancy.**

Hopenhayn C, Huang B, Christian J, Peralta C, Ferreccio C, Atallah R, Kalman D.; School of Public Health, University of Kentucky, Lexington 40504-3381, USA. cmhope0@uky.edu

Chronic exposure to inorganic arsenic (In-As) from drinking water is associated with different health effects, including skin, lung, bladder, and kidney cancer as well as vascular and possibly reproductive effects. In-As is metabolized through the process of methylation, resulting in the production and excretion of methylated species, mainly monomethylarsenate (MMA) and dimethylarsenate (DMA). Because a large percentage of the dose is excreted in urine, the distribution of urinary In-As, MMA, and DMA is considered a useful indicator of methylation patterns in human populations. Several factors affect these patterns, including sex and exposure level. In this study, we investigated the profile of urinary In-As, MMA, and DMA of pregnant women. Periodic urine samples were collected from early to late pregnancy among 29 pregnant women living in Antofagasta, Chile, who drank tap water containing 40 micro g/L In-As. The total urinary arsenic across four sampling periods increased with increasing weeks of gestation, from an initial mean value of 36.1 to a final value of 54.3 micro g/L. This increase was mainly due to an increase in DMA, resulting in lower percentages of In-As and MMA and a higher percentage of DMA. Our findings indicate that among women exposed to moderate arsenic from drinking water during pregnancy, changes occur in the pattern of urinary arsenic excretion and metabolite distribution. The toxicologic significance of this is not clear, given recent evidence suggesting that intermediate methylated species may be highly toxic. Nevertheless, this study suggests that arsenic metabolism changes

throughout the course of pregnancy, which in turn may have toxicologic effects on the developing fetus. Key words: arsenic, arsenic metabolism, arsenic methylation, Chile, pregnancy, urinary arsenic.  
PMID: 14644662 [PubMed - in process]

37: Eur J Obstet Gynecol Reprod Biol. 2003 Dec 10;111(2):183-8.

**Planning of empirical antibiotic therapy for women with pelvic inflammatory diseases: a geographical area-specific study.**

Skapinyecz J, Smid I, Juhasz A, Jeney C, Rozgonyi F, Kovacs P.; Department of Obstetrics and Gynecology, Gyula Kenezy County Hospital, Bartok Bela u. 4, H-4043, Debrecen, Hungary.

OBJECTIVE: Elaboration of an empiric antibiotic regimen for women with pelvic inflammatory disease (PID) for a geographical area in eastern Hungary. STUDY DESIGN: Pathogens were identified by culturing or polymerase chain reaction (PCR) from 2215 patients with suspected PID between 1 January 1999 and 31

December 2001. Empiric guidelines for PID treatment were based on susceptibility testing of the recovered bacteria, patient acceptance and cost-effectiveness of drugs and recommendations of earlier studies. RESULTS: Chlamydia trachomatis was detected in 11%, Neisseria gonorrhoeae in 2%, Streptococcus spp. in 17%, Enterococcus spp. 9%, genital mycoplasmas in 25%, all obligate anaerobic pathogens in 30% of the patients. All antibiotics chosen for our regimen were effective in vitro against one or more recovered pathogens at least in 80%; this regimen produced 98% clinical cure rate in mild cases of PID.

CONCLUSION: Early

detection and prompt empirical antimicrobial therapy adapted to the local microflora and its resistance pattern can lead to good clinical results.

PMID: 14597249 [PubMed - in process]

38: Eur J Obstet Gynecol Reprod Biol. 2003 Dec 10;111(2):179-82.

**Respective consequences of abdominal, vaginal, and laparoscopic hysterectomies on women's sexuality.**

Ayoubi JM, Fanchin R, Monrozies X, Imbert P, Reme JM, Pons JC.; Department of Gynecology and Obstetrics, University Hospital, Toulouse, France. jamayou@aol.com

OBJECTIVE: To determine the relative effects of abdominal, vaginal or laparoscopic approaches for hysterectomy on female sexuality. STUDY DESIGN: One hundred and seventy women who underwent abdominal (n=68), vaginal (n=67), and laparoscopic (n=35) hysterectomy for benign disease were studied. Pre- and postoperative sexuality was assessed by questionnaire. RESULTS: Overall, sexuality after hysterectomy remained unchanged in 60.4% of cases, and improved or deteriorated in 21.3 and 18.3%, respectively. Postoperative delay in resuming sexual activity was shorter after vaginal (45.2+/-6.7 days) hysterectomy than after abdominal hysterectomy (62.4+/-9.3 days). Deterioration of sexual function occurred more frequently after abdominal hysterectomy (24%) than after vaginal (13.5%) or laparoscopic (8.5%) hysterectomy. CONCLUSION: These results indicate that the impact of vaginal and laparoscopic hysterectomy on women's sexuality may be milder than that of abdominal hysterectomy.

PMID: 14597248 [PubMed - in process]

39: Eur Spine J. 2003 Dec;12(6):596-601. Epub 2003 Oct 16.

**Positive relationship between bone mineral density and low back pain in middle-aged women.**

Manabe T, Takasugi S, Iwamoto Y.; Department of Orthopaedic Surgery, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan.

There have been a large number of epidemiological studies demonstrating various primary factors that cause musculoskeletal disorders in middle-aged and older women. However, the relationship between low back pain and bone mineral density is not well documented, and no evidence for any direct relationship between the two has been found. To investigate the relationship, we conducted a cross-sectional study, on a population of 2,244 Japanese women aged 25-85 years who were participating in a regional health screening program. Information

on lifestyle, reproductive characteristics and the presence of current low back pain was collected by self-administered questionnaires, and bone mineral density at the distal radius was measured. We found increasing bone mineral density to be significantly associated with low back pain in middle-aged women using a logistic regression analysis. Exercise and smoking were also significantly associated with low back pain. This association remained even after entering other lifestyle and reproductive factors into the final model. Accordingly, high bone mineral density would seem to be as important a public health problem as low bone mineral density and osteoporosis when considering the musculoskeletal symptoms and disabilities that appear in middle-aged women.

PMID: 14564559 [PubMed - in process]

40: Eval Rev. 2003 Dec;27(6):583-96.

**Casaworks for families. A new treatment model for substance-abusing parenting women on welfare.**

Morgenstern J, Nakashian M, Woolis DD, Gibson FM, Bloom NL, Kaulback BG.; National Center on Addiction and Substance Abuse at Columbia University, USA.

This article provides a brief overview of CASAWORKS for Families (CWF), an innovative intervention designed to help substance-abusing parenting women on welfare. CWF was developed in response to the passage of welfare reform legislation in 1996. Factors that provided a background and context for the development of CWF are considered. The rationale, key elements, and the conduct of a pilot demonstration of CWF are described. Evaluation findings that serve to guide the next steps to improve the intervention are reviewed. Finally, new welfare policy priorities emerging around the importance of addressing behavioral health problems among welfare recipients are highlighted.

PMID: 14650276 [PubMed - in process]

41: Eval Rev. 2003 Dec;27(6):597-628.

**Characteristics of substance-abusing women on welfare. Findings from the evaluation of CASAWORKS for families pilot demonstration.**

Gutman MA, Ketterlinus RD, McLellan AT.; Treatment Research Institute, University of Pennsylvania, USA.

AIM: To describe and compare the characteristics and needs of substance-abusing women on Temporary Assistance to Needy Families (TANF) who enroll in a multi-service "welfare to work" program (n = 673) with two other relevant groups: (a) women from the general TANF population in the same locales (n = 157) and (b) a sample of substance-abusing women on TANF who entered standard outpatient substance-abuse treatment programs (n = 520).

DESIGN: A field study with repeated measures and intent-to-treat sampling. INTERVENTION: The CASAWORKS for Families (CWF) program was delivered in 11 sites in 9 states across the country. The CWF intervention featured integration of substance-abuse treatment and employment-work readiness services, using case management to tailor needed services (parenting, victimization, mental health, physical health, legal, and basic needs).

MEASUREMENT: The Addiction Severity Index, supplemented with subject-appropriate questions, was used at treatment admission. FINDINGS: The CWF sample exhibited multiple serious problems in the areas of substance abuse, victimization, medical and psychiatric health, and basic needs. The severity of their lifetime problems and their recent service needs were significantly higher in all these areas, except physical health, than were those of the general welfare sample of women in the same locales. Compared with women on TANF from standard addiction-treatment programs, CWF women exhibited similar substance-use problems but generally more severe co-occurring problems.

PMID: 14650277 [PubMed - in process]

42: Fertil Steril. 2003 Dec;80(6):1488-94.

**Uterine fibroids and gynecologic pain symptoms in a population-based study.**

Lippman SA, Warner M, Samuels S, Olive D, Vercellini P, Eskenazi B.; School of Public Health, University of California at Berkeley, Berkeley, California, USA

To determine the association between dyspareunia, dysmenorrhea, and noncyclic pelvic pain and the presence and characteristics of uterine fibroids. Population-based cross-sectional study. Desio, Italy. Six hundred thirty-five non-care-seeking participants of the Seveso Women's Health Study with an intact uterus who underwent transvaginal ultrasound. None. Ultrasound-detected presence of uterine fibroids and fibroid characteristics including volume, number, location, and position. Current dyspareunia, dysmenorrhea, and noncyclic pelvic pain was measured by self-report on a visual analog scale. Uterine fibroids were detected in 96 women (15%). Women with fibroids were more likely to report moderate or severe dyspareunia (adjusted odds ratio [OR] = 2.8, 95% confidence interval [CI] = 0.9-8.3, statistically significant trend) and moderate or severe noncyclic pelvic pain (adjusted OR = 2.6, 95% CI = 0.9-7.6, statistically significant trend) than women without fibroids. Moderate or severe dysmenorrhea was not associated with the presence of fibroids (adjusted OR = 1.1, 95% CI = 0.5-2.6). Number and total volume of fibroids were not related to pain. This is the first population-based study of gynecologic pain symptoms and fibroids. Dyspareunia and noncyclic pelvic pain, but not dysmenorrhea, increased in severity with the presence of uterine fibroids. Fibroid-associated pain symptomatology in a non-care-seeking population may be different from that of a clinic population.  
PMID: 14667888 [PubMed - in process]

43: Health Educ Behav. 2003 Dec;30(6):663-82.

**Exploring contraceptive pill taking among Hispanic women in the United States.**

Brown JW, Villarruel AM, Oakley D, Eribes C.; Department of Health Behavior and Health Education, School of Public Health, University of Michigan, Ann Arbor 48109-2029, USA.  
winbrown@umich.edu

Data from the 1995 National Survey of Family Growth have previously shown greater risk of inconsistent contraceptive pill use among Hispanic women. We used the same data to test aculturally based model of pill use among the subsample of Hispanic women. Hierarchical logit analyses revealed that primary use of Spanish, negative attitudes about women in the workplace, two or more recent sex partners, and recent pill adoption were factors that increased the odds of inconsistent use. Living alone or with non-kin was associated with more consistent use, as were showing preference for a stay-at-home model of motherhood, frequent church attendance, and frequent sexual intercourse. Our findings suggest that the strong effects of behavioral variables (e.g., duration of pill use, number of sex partners) are mediated by cultural indicators (e.g., primary use of Spanish, attitudes about sex roles). The extent to which programs address important cultural dimensions of health behaviors could enhance effectiveness.

PMID: 14655862 [PubMed - in process]

44: Health Place. 2003 Dec;9(4):327-35.

**Does the 'average size' of women in the neighborhood influence a woman's likelihood of body dissatisfaction?**

McLaren L, Gauvin L.; Department of Community Health Sciences, University of Calgary, G230 Health Sciences Bldg, 3330 Hospital Dr. Calgary, Canada NW T2N 4N1. Imclaren@ucalgary.ca

We examined whether the 'average body size' of women within a neighborhood was associated with the number of women reporting body dissatisfaction in that neighborhood. Data from a random digit dialing telephone survey of 884 Canadian women (mean age 41) indicated that for a given individual body mass index (BMI) women who lived among 'thinner' women (a smaller average neighborhood body mass index (BMI)) were more likely to feel dissatisfied with their own bodies than women who lived among 'larger' women (a larger average neighborhood BMI). Our results are consistent with the need to consider places as well as people in explaining various health outcomes.

PMID: 14499217 [PubMed - in process]

45: Hum Reprod. 2003 Dec;18(12):2512-8.

**Menopause in crisis post-Women's Health Initiative? A view based on personal clinical experience.**



Neves-E-Castro M.; Clinica de Feminalogia Holistica, Av. Antonio Augusto de Aguiar N degrees. 24, 1050-016 Lisbon, Portugal. manuel@neves-e-castro.org

Menopausal women should not consider that hormonal treatment is an obligatory long-term commitment. Estrogen-based treatments are extremely effective for vasomotor symptom relief and for vaginal atrophy. HRT also is one of several effective methods for the primary prevention of osteoporosis. If trials were done early after the menopause when the endothelium is likely still to be intact, estrogen-based treatment might be shown to prevent coronary heart disease. However, greater efficacy is to be expected from smoking cessation, proper nutrition, exercise, moderate alcohol consumption, statins, beta-blockers and angiotensin-converting enzyme inhibitors. The treatment options for a menopausal woman should include non-drug-related strategies, non-hormonal pharmaceutical therapies as well as hormonal treatments. The first objective of this contribution is to call to the attention of practicing physicians the fact that the Women's Health Initiative (WHI) and Heart and Estrogen/Progestin Replacement Study (HERS) studies involved women much older than the early

postmenopausal age groups for whom HRT is prescribed because of symptoms. The second objective is to emphasize that the attending physicians must not only treat the symptomatic women but also prevent the occurrence of diseases more prevalent after 60 years of age. Hormones can safely be used for the former, when not contraindicated, whereas for the latter non-pharmacological interventions and non-hormonal medications are preferable.

PMID: 14645165 [PubMed - in process]

46: Hum Reprod. 2003 Dec;18(12):2704-10.

**Does caffeine and alcohol intake before pregnancy predict the occurrence of spontaneous abortion?**

Tolstrup JS, Kjaer SK, Munk C, Madsen LB, Ottesen B, Bergholt T, Gronbaek M.: Danish Epidemiology Science Centre at the Institute of Preventive Medicine, Kommunehospitalet, DK-1399, Copenhagen, Denmark.

**BACKGROUND:** Consumption of caffeine and alcohol is suspected to affect pregnancy outcome. Use of both stimulants is widespread and even minor effects on fetal viability are of public health interest. **METHODS:** We performed a nested case-control study using prospective data from a population-based cohort comprising 11088 women aged 20-29 years. From this cohort, women who experienced either a spontaneous abortion (n = 303) or who gave birth (n = 1381) during follow-up [mean time: 2.1 years (range: 1.6-3.4)] were selected. Associations between self-reported exposures to caffeine and/or alcohol at enrolment and spontaneous abortion were analysed by means of logistic regression. **RESULTS:** Compared with women with a pre-pregnancy intake of <75 mg caffeine per day, the adjusted odds ratio (95% confidence interval) for spontaneous abortion was 1.26 (0.77-2.06), 1.45 (0.87-2.41), 1.44 (0.87-2.37) and 1.72 (1.00-2.96) for a

pre-pregnancy intake on 75-300, 301-500, 501-900 and >900 mg caffeine per day respectively (P = 0.05 for trend). A pre-pregnancy intake of alcohol was not a predictor for spontaneous abortion. **CONCLUSIONS:** A high intake of caffeine prior to pregnancy seems to be associated with an increased risk of spontaneous

abortion, whereas a low-to-moderate alcohol intake does not influence the risk.

PMID: 14645195 [PubMed - in process]

47: Int J Cancer. 2003 Dec 20;107(6):1023-9.

**The association between stressful life events and breast cancer risk: a meta-analysis.**

Duijts SF, Zeegers MP, Borne BV.; Department of Epidemiology, Maastricht University, PO Box 616, 6200 MD Maastricht, The Netherlands. sfa.duijts@epid.unimaas.nl

Breast cancer is the most prevalent cancer in women in Western societies. Studies examining the relationship between stressful life events and breast cancer risk have produced conflicting results. The purpose of this meta-analysis was to identify studies on this relationship, between 1966 and December 2002, to summarize and quantify the association and to explain the inconsistency in previous results. Summary odds ratios and standard errors were calculated, using random effect meta-regression analyses, for the following categories: stressful life events, death of spouse, death of relative or friend, personal health difficulties, nonpersonal health difficulties, change in marital status, change in financial status and change in environmental status. The presence of publication bias has been explored, and sensitivity analyses were performed to identify heterogeneity, using calculation of the percentage of variability due to heterogeneity, meta-regression analyses and stratification. Only the categories stressful life events (OR = 1.77, 95% CI 1.31-2.40), death of spouse (OR = 1.37, 95% CI 1.10-1.71) and death of relative or friend (OR = 1.35, 95% CI 1.09-1.68) showed a statistically significant effect. Publication bias was identified in both stressful life events ( $p = 0.00$ ) and death of relative or friend ( $p = 0.02$ ). Sensitivity analyses resulted in the identification of heterogeneity in all categories, except death of spouse. The results of this meta-analysis do not support an overall association between stressful life events and breast cancer risk. Only a modest association could be identified between death of spouse and breast cancer risk. Copyright 2003 Wiley-Liss, Inc.  
PMID: 14601065 [PubMed - in process]

48: Int J Cancer. 2003 Dec 20;107(6):1012-6.

**Physical inactivity and percent breast density among Hispanic women.**

Lopez P, Van Horn L, Colangelo LA, Wolfman JA, Hendrick RE, Gapstur SM.; Department of Preventive Medicine, The Feinberg School of Medicine, Northwestern University, 680 N. Lake Shore Drive, Suite 1102, Chicago, IL, USA.

Results of epidemiologic studies suggest an inverse association between breast cancer risk and physical activity; this is one of the few modifiable breast cancer risk factors identified to date. However, only 2 previous studies assessed the association between physical activity and the extent of mammographically-detected fibroglandular breast density, a marker of breast cancer risk. Moreover, there has been no study of physical inactivity and percent breast density, nor a study of this relationship in Hispanic women, who are less physically active than non-Hispanic whites. In the Chicago Breast Health Project, we collected information on sociodemographic, reproductive, medical and lifestyle factors and percent breast density, assessed quantitatively using full-field digital mammography, from 294 Hispanic women. In our study, we examined the independent associations of hours per day of physical inactivity with percent breast density using multivariate linear regression analysis adjusting for age, education, body mass index, parity, menopausal status, use of hormone replacement therapy and smoking status. Overall, the mean percent breast density was low (i.e., 17.7%) and ranged from 1.9% to 54.6%. There was no difference in percent breast density for women who reported 1.5-3.0 hr of physical inactivity per day compared to women who reported 0-1 hr per day ( $\beta = -0.08$ ,  $p = 0.95$ ), but percent density was marginally significantly higher for women who were reported at least 3.5 hr per day of physical inactivity ( $\beta = 3.18$ ,  $p = 0.056$ ). Results were similar, albeit less statistically significant, in analyses of pre/perimenopausal and postmenopausal women separately. These results support the need for further research investigating the effect of physical activity on breast cancer risk. Copyright 2003 Wiley-Liss, Inc.

PMID: 14601063 [PubMed - in process]

49: Int J Cancer. 2003 Dec 20;107(6):997-1000.

**Birth weight and risk of breast cancer in a cohort of 106,504 women.**

Ahlgren M, Sorensen T, Wohlfahrt J, Haflidadottir A, Holst C, Melbye M.; Danish Epidemiology Science Centre, Department of Epidemiology Research, Statens Serum Institut, Artillerivej 5, DK-2300 Copenhagen S, Denmark.

The possible association between prenatal factors and breast cancer has been discussed for more than a decade. Birth weight has been used commonly as a proxy measure for

intrauterine growth. Whereas some previous studies have found support for an association between birth weight and breast cancer, others have been inconclusive or found no association. We investigated the relationship between birth weight and risk of female breast cancer in a cohort of 106,504 Danish women. Birth weights were obtained from school health records on girls born between 1930-1975. Information on breast cancer came from linking the cohort with the Danish Cancer Registry and the Danish Breast Cancer Cooperative Groups Registry. A total of 2,334 cases of primary breast cancer were diagnosed in the cohort during 3,255,549 person-years of follow-up among women with birth weight between 500-6,000 g. Of these, 922 (40%) were diagnosed with primary breast cancer at the age of 50 years or older. A significant association between birth weight and breast cancer was found equivalent to an increase in risk of 9% per 1,000 g increase in birth weight (95% CI 2-17). The increase was observed for all age groups, representing both pre- and post-menopausal women, and irrespective of tumor characteristics. Adjustment for age at first birth and parity did not influence the results. Birth weight is positively associated with risk of breast cancer, indicating that prenatal factors are important in the etiology of breast cancer. Copyright 2003 Wiley-Liss, Inc.  
PMID: 14601061 [PubMed - in process]

50: Int J Cancer. 2003 Dec 10;107(5):817-21.

**Comparison of age at first full-term pregnancy between women with breast cancer and women with benign breast diseases.**

Lagiou A, Lagiou P, Vassilarou DS, Stoikidou M, Trichopoulos D.; Department of Hygiene and Epidemiology, School of Medicine, University of Athens, Athens, Greece.

Benign breast diseases have a broadly similar risk profile to that of breast cancer, possibly reflecting a similar underlying endocrine milieu. We have hypothesized that a crucial distinction between breast cancer and benign breast diseases is that mammary gland terminal differentiation has not been successfully accomplished among women who tend to develop breast cancer. From October 2001 to December 2002, information concerning breast cancer risk factors and sociodemographic characteristics was collected from 174 women with breast cancer and 116 women with benign breast diseases, all 30 years old or older, who were histologically diagnosed at a major prevention center in Athens, Greece. Among the examined breast cancer risk factors, only age at first full-term pregnancy was significantly associated with the odds of having breast cancer rather than benign breast disease, and the association was evident among premenopausal [odds ratio (OR) per 5 years = 1.76, 95% confidence interval (CI) 1.10-2.93] and postmenopausal (OR = 2.10, 95% CI 1.16-3.71) women, as well as among all women (OR = 1.93, 95% CI 1.34-2.70). There was no evidence that any of the remaining breast cancer risk factors could discriminate between breast cancer and benign breast diseases. We conclude that early age at first pregnancy may convey substantial protection against breast cancer risk among women with benign breast diseases, probably operating through induction of terminal differentiation of mammary gland cells. The finding is accentuated by the fact that women with benign breast diseases are already at a relatively high risk for breast cancer. Copyright 2003 Wiley-Liss, Inc.  
PMID: 14566833 [PubMed - in process]

51: Int J Eat Disord. 2003 Dec;34(4):383-96.

**Review of the prevalence and incidence of eating disorders.**

Hoek HW, van Hoeken D.; Parnassia Psychiatric Institute, The Hague, The Netherlands.  
w.hoek@parnassia.nl

**OBJECTIVE:** To review the literature on the incidence and prevalence of eating disorders. **METHODS:** We searched Medline using several key terms relating to epidemiology and eating disorders and we checked the reference lists of the articles that we found. Special attention has been paid to methodologic problems affecting the selection of populations under study and the identification of cases. **RESULTS:** An average prevalence rate for anorexia nervosa of 0.3% was found for young females. The prevalence rates for bulimia nervosa were 1% and 0.1% for young women and young men, respectively. The estimated prevalence of

binge eating disorder is at least 1%. The incidence of anorexia nervosa is 8 cases per 100,000 population per year and the incidence of bulimia nervosa is 12 cases per 100,000 population per year. The incidence of anorexia nervosa increased over the past century, until the 1970s. DISCUSSION: Only a minority of people who meet stringent diagnostic criteria for eating disorders are seen in mental health care. Copyright 2003 by Wiley Periodicals, Inc. Int J Eat Disord 34: 383-396, 2003. PMID: 14566926 [PubMed - in process]

52: J Adv Nurs. 2003 Dec;44(6):566-74.

**Management of chronic illness: voices of rural women.**

Sullivan T, Weinert C, Cudney S.; Associate Professor, College of Nursing, Montana State University-Bozeman, Bozeman, Montana, USA.

BACKGROUND: The prevalence and cost of chronic illness globally and in the United States of America continue to escalate and the day-to-day management of these conditions presents a major challenge. The burden of chronic illness disproportionately affects vulnerable populations such as women and those living in rural areas. AIM: To add to the knowledge base of illness management by chronically ill rural women through examining their individual perceptions of the illness experience. METHOD: The Women to Women project provided a nursing research-based computer intervention model for conducting support groups, providing health education, and fostering self-care, via personal computers and evaluated its effect on the women's psychosocial health. FINDINGS: Fatigue and pain were the major physical symptoms that impacted the women's quality of life, with depression and stress being the primary emotions they experienced. The characteristics of humour, hope, and courage were key in their successful adaptation to living with chronic illness. CONCLUSIONS: The women's voices relate how they manage their illness responses and adaptation mechanisms. The data provide nurses with information to heighten their sensitivity to clients' day-to-day needs and experiences. It will assist them in their designing and planning of interventions that will enable clients to adapt and to have the best quality of life possible within the limitations of their chronic illnesses. The data are also important to nurses involved in rural research and theory development concerning self-management and adaptation to chronic illnesses. PMID: 14651679 [PubMed - in process]

53: J Affect Disord. 2003 Dec;77(3):261-6.

**The treatment of postnatal depression by health visitors: impact of brief training on skills and clinical practice.**

Appleby L, Hirst E, Marshall S, Keeling F, Brind J, Butterworth T, Lole J.; Centre for Women's Mental Health Research, University of Manchester, Manchester, M13 9PL, UK. louis.appleby@man.ac.uk

BACKGROUND: Postnatal depression can be effectively treated by cognitive behavioural counselling (CBC), a simple intervention designed to be delivered by non-specialists in mental health. METHODS: Health visitors were trained in CBC and post-training changes in counselling skills, clinical practice and costs were assessed. RESULTS: Following training health visitors showed improved counselling skills, and they carried out more mental health assessments, recorded mental symptoms more often and treated more women themselves. However, their mean number of contacts with depressed women did not change; and the number of urgent contacts diminished. Referrals to general practitioners did not increase but there was an increase in referrals to mental health services. Costs to health visitor practice did not increase. LIMITATIONS: Assessment of clinical practice was based on health visitor records. The study uses a 'before and after' design rather than randomisation of subjects. CONCLUSIONS: Training health visitors in CBC leads to improved counselling skills and corresponding changes in clinical practice, without increasing the costs of health visitor practice. PMID: 14612226 [PubMed - in process]

54: J Am Coll Cardiol. 2003 Dec 17;42(12):2128-34.

### **Gender differences in advanced heart failure: insights from the BEST study.**

Ghali JK, Krause-Steinrauf HJ, Adams KF, Khan SS, Rosenberg YD, Yancy CW, Young JB, Goldman S, Peberdy MA, Lindenfeld J.; Cardiac Centers of Louisiana, Shreveport, Louisiana 71103, USA.  
jkgalt@shreve.net

**OBJECTIVES:** The goal of this study was to determine the influence of gender on baseline characteristics, response to treatment, and prognosis in patients with heart failure (HF) and impaired left ventricular ejection fraction (LVEF). **BACKGROUND:** Under-representation of women in HF clinical trials has limited our understanding of gender-related differences in patients with HF. **METHODS:** The impact of gender was assessed in the Beta-Blocker Evaluation of Survival Trial (BEST) which randomized 2,708 patients with New York Heart Association class III/IV and LVEF  $\leq 0.35$  to bucindolol versus placebo. Women ( $n = 593$ ) were compared with men ( $n = 2,115$ ). Mean follow-up period was two years. **RESULTS:** Significant differences in baseline clinical and laboratory characteristics were found. Women were younger, more likely to be black, had a higher prevalence of nonischemic etiology, higher right and left ventricular ejection fraction, higher heart rate, greater cardiothoracic ratio, higher prevalence of left bundle branch block, lower prevalence of atrial fibrillation, and lower plasma norepinephrine level. Ischemic etiology and measures of severity of HF were found to be predictors of prognosis in women and men. However, differences in the predictive values of various variables were noted; most notably, coronary artery disease and LVEF appear to be stronger predictors of prognosis in women. In the nonischemic patients, women had a significantly better survival rate compared with men. **CONCLUSIONS:** In HF patients with impaired LVEF, significant gender differences are present, and the prognostic predictive values of some variables vary in magnitude between women and men. The survival advantage of women is confined to patients with nonischemic etiology.  
PMID: 14680739 [PubMed - in process]

55: J Am Coll Cardiol. 2003 Dec 17;42(12):2139-43.

### **Peak oxygen intake and cardiac mortality in women referred for cardiac rehabilitation.**

Kavanagh T, Mertens DJ, Hamm LF, Beyene J, Kennedy J, Corey P, Shephard RJ.; Toronto Rehabilitation Institute, Toronto, Ontario, Canada. terence.kavanaugh@utoronto.ca

**OBJECTIVES:** This study investigated the prognostic importance of measured peak oxygen intake ( $VO_{2peak}$ ) in women with known coronary heart disease referred for outpatient cardiac rehabilitation. **BACKGROUND:** Exercise capacity is a powerful predictor of prognosis in men with known or suspected coronary disease. Similar findings are described in women, but fewer studies have utilized measured  $VO_{2peak}$ , the most accurate measure of exercise capacity. **METHODS:** A single-center design took data from 2,380 women, age  $59.7 \pm 9.5$  years (1,052 myocardial infarctions, 620 coronary bypass procedures, and 708 with proven ischemic heart disease), who underwent cardiorespiratory exercise testing. They were followed for an average of  $6.1 \pm 5$  years (median 4.5 years, range 0.4 to 25 years) until cardiac and all-cause death. **RESULTS:** We recorded 95 cardiac deaths and 209 all-cause deaths. Measured  $VO_{2peak}$  was an independent predictor of risk, values  $\geq 13$  ml/kg/min (3.7 multiples of resting metabolic rate) conferring a 50% reduction in cardiac mortality (hazard ratio [HR] 0.5,  $p = 0.001$ ). Considered as a continuous variable, a 1 ml/kg/min advantage in initial  $VO_{2peak}$  was associated with a 10% lower cardiac mortality. Adverse predictors were diabetes (HR 2.73,  $p = 0.0005$ ) and antiarrhythmic therapy (HR 3.93,  $p = 0.0001$ ). **CONCLUSIONS:** As in men, measured  $VO_{2peak}$  is a strong independent predictor of cardiac mortality in women referred for cardiac rehabilitation.  
PMID: 14680741 [PubMed - in process]

56: J Am Diet Assoc. 2003 Dec;103(12):1600-6.

### **An ad libitum, very low-fat diet results in weight loss and changes in nutrient intakes in postmenopausal women.**

Mueller-Cunningham WM, Quintana R, Kasim-Karakas SE.



**OBJECTIVES:** To determine whether a very low-fat diet (<15% of energy intake) consumed ad libitum during an 8-month period can achieve weight loss of 5% to 10% of initial body weight while still providing adequate intakes of other essential nutrients. **DESIGN:** Longitudinal, 8-month, ad libitum, free living, very low-fat diet trial. **SUBJECTS:** Fifty-four of the sixty-four healthy postmenopausal women recruited completed the entire study (age 59+/-8 years, BMI=29.6+/-6.3). Twenty-four of these women used hormone replacement therapy, thirty women did not. **INTERVENTION:** Weekly sessions aimed at teaching and reinforcing a very low-fat intake diet for eight months. **MAIN:** outcome measures Body weight, percent body fat, waist-to-hip ratio, resting energy expenditure, respiratory quotient, and nutrient intakes derived from 7-day food records at the beginning and at 2, 4, 6, and 8 months of the study. Statistical analysis performed Repeated measures analysis of variance and Tukey post hoc analysis were used to analyze significant differences in mean data ( $P<.05$ ). **RESULTS:** Fat intake decreased from 33.2+/-7.5% to 11+/-4% over the 8-month intervention period ( $P<.00001$ ). Weight loss was 6.0 kg+/- 4.2 kg ( $P<.000038$ ), an 8% weight change, and decrease in percent body fat of 2.7%+/-0.2% ( $P</.000046$ ). Weight correlated better with the self-reported fat intake ( $r=0.321$ ,  $P<.01$ ) than the energy intake ( $r=0.263$ ,  $P<.05$ ) at baseline. Fiber intake increased from 16 g+/-0.6 g to 23 g+/-0.2 g ( $P<.0005$ ). All micronutrient intakes remained at or above preintervention ranges, except for a decrease in vitamin E intake from 8.1 mg+/-4.0 mg to 3.7 mg+/-1.1 mg ( $P<.0005$ ) on the very low-fat diet and linoleic acid from 6.3%+/-1.5% to 2.5%+/-0.7% ( $P<.000001$ ) with no significant reduction in linolenic acid. Hormone replacement was not associated with the amount of weight loss. **APPLICATIONS:** This study demonstrates that adherence to a very low-fat diet consumed ad libitum causes weight loss in the 5% to 10% range and a reduction of body fat. These reductions, along with the observed decreases in fat intake, are associated with improved health outcomes. Because of the decreased vitamin E and n-3 fatty acid intake, emphasis on foods high in these nutrients may need to be encouraged for those consuming a very low-fat diet. PMID: 14647085 [PubMed - in process]

57: J Behav Med. 2003 Dec;26(6):553-76.

**Adherence to colorectal cancer screening in mammography-adherent older women.**

Hay JL, Ford JS, Klein D, Primavera LH, Buckley TR, Stein TR, Shike M, Ostroff JS.; Department of Psychiatry and Behavioral Sciences, Memorial Sloan-Kettering Cancer Center, 1275 York Avenue, New York, New York 10021, USA. hayj@mskcc.org

Colorectal cancer (CRC) is the third leading cause of cancer mortality among women. Screening can prevent the development of CRC or diagnose early disease when it can effectively be cured, however existing screening methods are underutilized. In this study, we examined the utility of an updated Health Belief Model to explain CRC screening adherence. The present study included 280 older women seeking routine mammography at a large, urban breast diagnostic facility. Overall, 50% of women were adherent to CRC screening guidelines. Multiple regression indicated that self-efficacy, physician recommendation, perceived benefits of and perceived barriers to screening accounted for 40% of variance in CRC screening adherence. However, there was no evidence for two mediational models with perceived benefits and perceived barriers as the primary mechanisms driving adherence to CRC screening. These findings may inform both future theoretical investigations as well as clinical interventions designed to increase CRC screening behavior. PMID: 14677212 [PubMed - in process]

58: J Behav Med. 2003 Dec;26(6):577-99.

**Self-reported health in HIV-positive African American women: the role of family stress and depressive symptoms.**

Jones DJ, Beach SR, Forehand R, Foster SE.; Department of Psychology, Life Sciences Building, West Virginia University, P.O. Box 6040, Morgantown, West Virginia 26506, USA. deborah.jones@mail.wvu.edu

This prospective study examined the association between stressful life events and self-reported health in 72 inner-city, low-income African American women with HIV. Depressive symptoms were examined as a potential mediator of this association. Findings indicated that family stressors predicted deterioration in self-reported health status over the 15-month assessment period. Additionally, the association between family stress and self-reported physical health was mediated by depressive symptoms such that the strength of the association between family stress and self-reported health was no longer statistically significant after depressive symptoms were entered in the model. This study suggests a potentially important target for prevention and intervention efforts aimed at enhancing the quality of life of women with HIV.

PMID: 14677213 [PubMed - in process]

59: J Behav Med. 2003 Dec;26(6):601-13.

**The demand-control-support model and health among women and men in similar occupations.**

Muhonen T, Torkelson E.; School of Technology and Society, Malmo University, SE-205 06 Malmo, Sweden.

tuija.muhonen@ts.mah.se

The aim of the study was to investigate the main and the interaction effects of the demand-control-support (DCS) model on women's and men's health in a Swedish telecom company. According to the DCS model, work that is characterized by high demands, low decision latitude, and low support decreases health and well-being. Furthermore, control and support are assumed to interact in protecting against adverse health effects of stress. Earlier studies have failed to consider occupational status and gender simultaneously. Questionnaire data from 134 female and 145 male employees in similar occupations were collected. Correlational analysis supported the main effect hypotheses irrespective of gender. Hierarchical multiple regression analyses indicated that only demands predicted women's health, whereas both demands and lack of social support predicted men's health. However, no interaction effects were found for either women or men. Further studies should probe the relevance of the model while considering gender and occupational status.

PMID: 14677214 [PubMed - in process]

60: J Bone Joint Surg Am. 2003 Dec;85-A(12):2294-302.

**Older women with fractures: patients falling through the cracks of guideline-recommended osteoporosis screening and treatment.**

Feldstein AC, Nichols GA, Elmer PJ, Smith DH, Aickin M, Herson M.; Kaiser Permanente Center for Health Research, 3800 North Interstate Avenue, Portland, OR 97227-1110, USA.  
adrianne.c.feldstein@kpchr.org

**BACKGROUND:** Many older patients with fractures are not managed in accordance with evidence-based clinical guidelines for osteoporosis. Guidelines recommend that these patients receive treatment for clinically apparent osteoporosis or have bone mineral density measurements followed by treatment when appropriate.

This cohort study was conducted to further characterize the gap between guidelines and actual practice with regard to bone mineral density measurement and treatment of older women after a fracture. Our purpose was to aid in the design of more effective future interventions.

**METHODS:** We identified female members of a not-for-profit group-model health maintenance organization who were fifty years of age or older and who had a diagnosis of a new fracture as defined in the study. We used administrative databases and the clinical electronic medical records to obtain data on demographics, diagnoses, drugs dispensed by the pharmacy, and the measurement of bone mineral density. **RESULTS:** The study population included 3812 women with an average age of 71.3 years. Fewer than 12% of the women had a diagnosis of osteoporosis prior to the index fracture; 10.7% had an increased risk for secondary osteoporosis and 38.8%, for falls because of a diagnosis or medication. It was found that 46.4% of the study population had been managed as specified by clinical guidelines. The patients who had been managed as specified by the guidelines were younger and less likely to have the risk factor of a weight of <127 lb (58 kg), a hip fracture, or a wrist fracture. They were also more likely to be taking steroids on a chronic basis and to have had a vertebral

fracture. The percentage of women who had measurement of bone mineral density increased during the study period, from 1.3% in 1998 to 10.2% in 2001. Of the patients receiving treatment for osteoporosis, 73.6% adhered to the treatment regimen. **CONCLUSIONS:** Adherence to guidelines for evaluation and treatment for osteoporosis after a patient sustained a fracture did not improve between 1998 and 2001 despite the promulgation of evidence-based guidelines. Methods to enhance education and facilitate processes of care will be necessary to reduce this gap. It may be fruitful to target high-risk subgroups for tailored interventions for prevention of refracture. PMID: 14668497 [PubMed - in process]

61: J Cardiovasc Nurs. 2003 Nov-Dec;18(5):347-55.

**Estrogen plus progestin therapy: the cardiovascular risks exceed the benefits.**

Penckofer SM, Hackbarth D, Schwertz DW.; School of Nursing, Loyola University Chicago, Ill, USA. spencko@luc.edu

The surprising results of the Women's Health Initiative (WHI) reported in 2002 had a profound effect on women as well as health care practitioners. The WHI was the largest, randomized clinical trial designed to determine if postmenopausal hormone use prevented cardiovascular disease as well as other age-related disorders in women. While observational studies suggested that postmenopausal use of estrogen could decrease cardiovascular risk by 40% to 50%, the WHI demonstrated that use of continuous-combined estrogen plus progestin was not cardioprotective and was even associated with increased health risks. The estrogen alone trial of the WHI is still in progress, leaving practitioners and some women still in a dilemma. This article addresses the WHI in the context of other studies and discusses possible reasons for the unexpected results.

PMID: 14680337 [PubMed - in process]

62: J Clin Endocrinol Metab. 2003 Dec;88(12):5801-7.

**Quality of life, psychosocial well-being, and sexual satisfaction in women with polycystic ovary syndrome.**

Elsenbruch S, Hahn S, Kowalsky D, Offner AH, Schedlowski M, Mann K, Janssen OE.; Department of Medical Psychology, University of Essen, 45122 Essen, Germany.

Polycystic ovary syndrome (PCOS) is a common endocrine disorder characterized by chronic anovulation and hyperandrogenism. PCOS is one of the leading causes of infertility and manifests with hirsutism, acne, and obesity. To investigate its impact on health-related quality of life and sexuality, 50 women with PCOS and 50 controls were evaluated with standardized questionnaires (36-item short-form health survey, symptom checklist revised, and life satisfaction questionnaire). The impact of hirsutism, obesity, and infertility was assessed using five-point rating scales, and sexual satisfaction was analyzed with visual analog scales. Patients showed greater psychological disturbances on the symptom checklist revised dimensions, obsessive-compulsive, interpersonal sensitivity, depression, anxiety, aggression, and psychoticism, along with a lower degree of life satisfaction in the life satisfaction questionnaire scales health, self, and sex. Health-related quality of life measured with the 36-item short-form health survey revealed significantly decreased scores for physical role function, bodily pain, vitality, social function, emotional role function, and mental health in patients with PCOS. Although patients had the same partner status and frequency of sexual intercourse, they were significantly less satisfied with their sex life and found themselves less attractive. Most of the differences were not affected by correction for body weight. In conclusion, PCOS causes a major reduction in the quality of life and severely limits sexual satisfaction.

PMID: 14671172 [PubMed - in process]

63: J Clin Oncol. 2003 Dec 15;21(24):4517-23.

**Adjuvant Endocrine Therapy Compared With No Systemic Therapy for Elderly Women With Early Breast Cancer: 21-Year Results of International Breast Cancer Study Group Trial IV.**

Crivellari D, Price K, Gelber RD, Castiglione-Gertsch M, Rudenstam CM, Lindtner J, Fey MF, Senn HJ, Coates AS, Collins J, Goldhirsch A.; Centro di Riferimento Oncologico, Via Pedemontana Occidentale 12, I-33081 Aviano, Italy; e-mail: dcrivellari@cro.it.

**PURPOSE:** Increasing numbers of older women are affected by early breast cancer, because of prolonged life expectancy and the increasing incidence of breast cancer with age. The role of adjuvant therapy for this population is still a matter of debate. We reviewed the long-term outcome of a mature trial comparing endocrine treatment versus no adjuvant therapy in older women with node-positive breast cancer. **PATIENTS AND METHODS:** From 1978 to 1981, 349 women 66 to 80 years of age with pathologically involved lymph nodes after total mastectomy and axillary clearance were randomly assigned to receive 12 months of adjuvant tamoxifen plus low-dose prednisone (p+T) or no adjuvant therapy. Three hundred twenty patients were eligible. **RESULTS:** At 21 years' median follow-up, 1 year of p+T significantly prolonged disease-free survival (DFS;  $P = .003$ ) and overall survival ( $P = .05$ ; 15-year DFS, 10% +/- 3% v 19% +/- 3%; hazard ratio, 0.71; 95% CI, 0.58 to 0.86). When comparing competing causes of failure (breast cancer recurrence and deaths before breast cancer recurrence), p+T was far superior in controlling breast cancer recurrence ( $P = .0003$ ), but the improvement was seen mainly in soft tissue sites. Conversely, patients in the p+T group were more likely to die before a breast cancer recurrence ( $P = .03$ ). **CONCLUSION:** This trial demonstrates that significant treatment benefits continue to be observed in older patients treated for 1 year with p+T. Despite issues relating to competing causes of failure, older breast cancer patients can benefit from treatment and should be considered for trials of adjuvant systemic therapy. PMID: 14673038 [PubMed - in process]

64: J Epidemiol Community Health. 2003 Dec;57(12):974-80.

**Gender differences in socioeconomic inequality in mortality.**

Mustard CA, Etches J.; Department of Public Health Sciences, University of Toronto Faculty of Medicine, Toronto, Canada. cmustard@iwh.on.ca

**OBJECTIVES:** There is uncertainty about whether position in a socioeconomic hierarchy confers different mortality risks on men and women. The objective of this study was to conduct a systematic review of gender differences in socioeconomic inequality in risk of death.

**METHODS:** This research systematically reviewed observational cohort studies describing all cause or cause specific mortality for populations aged 25-64 in developed countries. For inclusion in the review, mortality had to be reported stratified by gender and by one or more measures of socioeconomic status. For all eligible studies, five absolute and six relative measures of the socioeconomic inequality in mortality were computed for male and female populations separately. **RESULTS:** A total of 136 published papers were reviewed for eligibility, with 58 studies deemed eligible for inclusion. Of these eligible studies, 20 papers published data that permitted the computation of both absolute and relative measures of inequality.

Absolute measures of socioeconomic mortality inequality for men and women generally agreed, with about 90% of studies indicating that male mortality was more unequal than female mortality across socioeconomic groups. In contrast, the pattern of relative inequality results across the 20 studies suggested that male and female socioeconomic inequality in mortality was equivalent. **CONCLUSIONS:** Inferences about gender differences in socioeconomic inequality in mortality are sensitive to the choice of inequality measure. Wider understanding of this methodological issue would improve the clarity of the reporting and synthesis of evidence on the magnitude of health inequalities in populations. PMID: 14652265 [PubMed - in process]

65: J Interpers Violence. 2003 Dec;18(12):1411-31.

**Contextualizing depression and physical functioning in battered women: adding vulnerability and resources to the analysis.**

Nurius PS, Macy RJ, Bhuyan R, Holt VL, Kernic MA, Rivara FP.; University of Washington.

This investigation examined the relationships between physical, psychological, and sexual abuse along with vulnerability appraisals, positive and negative social relations, and socioeconomic resources on battered women's depression symptomatology and physical

functioning. Women were recruited following an incident of partner violence that resulted in a police-report or the filing of a protection order. Participants were surveyed using a standardized questionnaire. Bivariate correlations and multiple regressions were used to examine the relationships between predictors as well as the cumulative and unique contributions of each variable set in explaining depression and physical functioning. Findings indicate that vulnerability appraisals, social relations, and socioeconomic resources significantly explain women's depression and physical functioning over and above the unique effect of specific types of partner violence. Given that women's physical and mental health are important aspects of assisting women with safety planning and violence cessation strategies, implications for assessment and interventions for battered women are discussed.  
PMID: 14678614 [PubMed - in process]

66: J Lipid Res. 2003 Dec 16 [Epub ahead of print].

**A comparison of the metabolism of eighteen carbon <sup>13</sup>C-unsaturated fatty acids in healthy women.**

McCloy UR, Ryan MA, Pencharz PB, Ross RJ, Cunnane SC.

Altered utilisation of different dietary fatty acids may contribute to several chronic diseases including obesity, non-insulin dependent diabetes mellitus and cardiovascular disease. However, few comparative data are available to support this link so the goal of the present study was to compare the metabolism of <sup>13</sup>C-oleate, <sup>13</sup>C-alpha-linolenate, <sup>13</sup>C-elaidate, and <sup>13</sup>C-linoleate through oxidation and incorporation into plasma lipid fractions and adipose tissue. Each tracer was given as a single oral bolus to six healthy women. Samples were collected over 8 days and <sup>13</sup>C was analysed using isotope ratio mass spectrometry. At 9 h post-dose, cumulative oxidation was similar for <sup>13</sup>C-elaidate, <sup>13</sup>C-oleate and <sup>13</sup>C-alpha-linolenate (19 +/- 1, 20 +/- 4, 19 +/- 3 % dose, respectively). Significantly lower oxidation of <sup>13</sup>C-linoleate (12 +/- 4 % dose; p<0.05) was accompanied by its higher incorporation into plasma phospholipids and cholesteryl esters. Abdominal adipose tissue was enriched with <sup>13</sup>C-alpha-linolenate, <sup>13</sup>C-elaidate or <sup>13</sup>C-linoleate within 6 h. Percent linoleate in plasma phospholipids positively correlated with <sup>13</sup>C-linoleate and <sup>13</sup>C-elaidate oxidation, indicating a potential role of background diet. Conversion of <sup>13</sup>C-linoleate and <sup>13</sup>C-alpha-linolenate to longer chain polyunsaturates was a quantitatively minor route of utilisation  
PMID: 14679164 [PubMed - as supplied by publisher]

67: J Natl Cancer Inst. 2003 Dec 17;95(24):1833-46.

**Adjuvant chemotherapy followed by goserelin versus either modality alone for premenopausal lymph node-negative breast cancer: a randomized trial.**

Castiglione-Gertsch M, O'Neill A, Price KN, Goldhirsch A, Coates AS, Colleoni M, Nasi ML, Bonetti M, Gelber RD; International Breast Cancer Study Group.; International Breast Cancer Study Group Coordinating Center and Inselspital, Bern, Switzerland.  
monica.castiglione@siak.ch

**BACKGROUND:** Although chemotherapy and ovarian function suppression are both effective adjuvant therapies for patients with early-stage breast cancer, little is known of the efficacy of their sequential combination. In an International Breast Cancer Study Group (IBCSG) randomized clinical trial (Trial VIII) for pre- and perimenopausal women with lymph node-negative breast cancer, we compared sequential chemotherapy followed by the gonadotropin-releasing hormone agonist goserelin with each modality alone. **METHODS:** From March 1990 through October 1999, 1063 patients stratified by estrogen receptor (ER) status and radiotherapy plan were randomly assigned to receive goserelin for 24 months (n = 346), six courses of "classical" CMF (cyclophosphamide, methotrexate, 5-fluorouracil) chemotherapy (n = 360), or six courses of classical CMF followed by 18 months of goserelin (CMF --> goserelin; n = 357). A fourth arm (no adjuvant treatment) with 46 patients was discontinued in 1992. Tumors were classified as ER-negative (30%), ER-positive (68%), or ER status unknown (3%). Twenty percent of patients were aged 39 years or younger. The median follow-up was 7 years. The primary outcome was disease-free survival (DFS). **RESULTS:** Patients with ER-negative tumors achieved better disease-free survival if they received CMF (5-year DFS for CMF = 84%, 95% confidence interval [CI] =



77% to 91%; 5-year DFS for CMF --> goserelin = 88%, 95% CI = 82% to 94%) than if they received goserelin alone (5-year DFS = 73%, 95% CI = 64% to 81%). By contrast, for patients with ER-positive disease, chemotherapy alone and goserelin alone provided similar outcomes (5-year DFS for both treatment groups = 81%, 95% CI = 76% to 87%), whereas sequential therapy (5-year DFS = 86%, 95% CI = 82% to 91%) provided a statistically nonsignificant improvement compared with either modality alone, primarily because of the results among younger women. CONCLUSIONS: Premenopausal women with ER-negative (i.e., endocrine nonresponsive), lymph node-negative breast cancer should receive adjuvant chemotherapy. For patients with ER-positive (i.e., endocrine responsive) disease, the combination of chemotherapy with ovarian function suppression or other endocrine agents, and the use of endocrine therapy alone should be studied.

PMID: 14679153 [PubMed - in process]

68: J Nutr. 2003 Dec;133(12):4139-42.

**Low hemoglobin level is a risk factor for postpartum depression.**

Corwin EJ, Murray-Kolb LE, Beard JL.; Intercollege Physiology Program and the School of Nursing and. Department of Nutritional Sciences, The Pennsylvania State University, University Park, PA 16802.

The role of maternal anemia in the development of postpartum depression (PPD) is unclear. PPD is a serious disorder that may negatively affect the physical and emotional health of a new mother and her infant. Although psychosocial factors that increase the risk of developing PPD are known, few studies have identified physiologic factors that predispose a woman to PPD. New mothers were visited at home on d 7, 14 and 28 after an uncomplicated labor and delivery. Hemoglobin (Hb) concentration was measured via finger-prick blood at each visit, and the women completed the Center for Epidemiological Studies-Depressive Symptomatology Scale (CES-D) on d 28. There was a negative correlation between Hb concentration on d 7 postpartum and depressive symptoms on d 28 ( $r = -0.426$ ;  $P = 0.009$ ). CES-D scores (means  $\pm$  SEM) on d 7 of women with normal Hb levels  $> 120$  g/L (12 g/dL) were significantly lower ( $6.90 \pm 1.04$ ) than those of women with Hb levels  $\leq 120$  g/L (12 g/dL) [ $16.36 \pm 3.34$ ;  $t(35) = -3.632$ ,  $P = 0.001$ ]. Thus, women suffering early postpartum anemia may be at increased risk of developing PPD.

PMID: 14652362 [PubMed - in process]

69: Maturitas. 2003 Dec 10;46(4):263-72.

**The frequency distribution of age at natural menopause among Saudi Arabian women.**

Greer W, Sandridge AL, Chehabeddine RS.; Biostatistics, Epidemiology and Scientific Computing Department, King Faisal Specialist Hospital and Research Centre, P.O. Box 3354, 11211, Riyadh, Saudi Arabia

**OBJECTIVE:** Hormonal changes at the menopause are associated with the onset of a number of medical conditions. The distribution of age-at-menopause (AAM) within a given population can, therefore, indicate how the disease prevalence changes with age. The objective of this study was to estimate the distribution of AAM among Saudi Arabian women, in order to predict local trends in the prevalence of osteoporosis. **METHODS:** Patient age, AAM, medical history and associated information for 858 Saudi Arabian women were extracted from a Dual Energy Absorptiometry database at King Faisal Specialist Hospital and Research Centre, resulting in an AAM distribution for 391 postmenopausal women with natural menopause. This was preprocessed using a Fast Fourier Transform 0.15 cycles/year low-pass filter, eliminating last-digit-preference errors and high frequency noise, and facilitating quantitative comparison with other published results. **RESULTS:** Mean AAM was 48.94 years (S.E. 0.290 years) with a median of 50 years (25th/75th percentiles: 45 and 53 years, respectively). The AAM distribution was described by a quadruple-Gaussian curve with a major peak at almost 51 years and minor peaks at approximately 36, 44 and 59 years. Although both the central peaks were similar to that observed in other populations (UK, USA and Finland), the early menopause peak at 36 years was larger. The peak over 55 years may be unique to the

Kingdom of Saudi Arabia. It may reflect local cultural and childbearing practices.

CONCLUSIONS: Although the median menopause age and general shape of the AAM distribution in Saudi Arabia appear similar to that observed in the West, the parameters governing the distribution are different, and there is evidence that it may have a unique fourth peak.

PMID: 14625123 [PubMed - in process]

70: Maturitas. 2003 Dec 10;46(4):273-81.

**An evaluation of the benefits of taking hormone replacement therapy with other prescription drugs.**

Jacobs PA, Hyland ME.; Department of Psychology, University of Plymouth, Drake Circus, Plymouth, PL4 8AA, Devon, UK

OBJECTIVES: Clinical trials of hormone replacement therapy (HRT) exclude women who have other health problems. The aim of our community survey was to investigate the impact of HRT on women with a variety of other health problems. METHOD: Questionnaire sample of 935 women aged 45-58 years. The questionnaire assessed menopausal quality of life (QOL); self reported health status, prescription drug use and history of hormone supplement use.

RESULTS: Thirty five percent of the total sample had taken a variety of prescription drugs in the last 2 months. Prescription drug use was significantly higher in current and former users of HRT/ERT than in non-HRT/ERT users. Current and former HRT users who also took prescription drugs had a significantly lower mean length of HRT/ERT use when compared to women who took HRT/ERT with no prescription drugs. Peri and postmenopausal women currently taking HRT/ERT reported significantly higher MQOL than both former and non-HRT users, which suggest that the benefits of taking hormone supplements during the menopausal transition for some women. There was a significant interaction between hormone use, level of prescription drug use and QOL. Among women who have high levels of prescription drug use, those who take hormone supplements report significantly fewer deficits in QOL when compared to non or former users of HRT/ERT. Additionally, women taking selective serotonin re-uptake inhibitors (SSRI) plus HRT report significantly higher levels of QOL compared to women taking SSRI alone. CONCLUSIONS: The advantages of taking HRT among who take prescription drugs could be attributed to the mood enhancing effects of estrogens. HRT should be considered for some peri and postmenopausal women who are taking SSRIs or who are taking at least three different types of prescription drugs.

PMID: 14625124 [PubMed - in process]

71: Maturitas. 2003 Dec 10;46(4):283-94.

**Osteoporosis health-related behaviors in secular and orthodox Israeli Jewish women.**

Werner P, Olchovsky D, Shemi G, Vered I.; Department of Gerontology, University of Haifa, Mt. Carmel, 31905, Haifa, Israel

OBJECTIVE: To compare patterns of osteoporosis health-related behaviors in peri and postmenopausal ultra-orthodox and secular Jewish women. METHODS: Interviews were conducted with 277 Israeli-Jewish women aged 45+. Health behaviors examined included: physical activity, smoking behavior, alcohol consumption, hormone replacement usage, screening behavior, calcium intake, pharmacological prevention, and help-seeking patterns. Correlates included demographic variables, health characteristics, knowledge, susceptibility beliefs, and familiarity with the disease. RESULTS: Low proportions of women in both groups participated in physical activities, but differed in type. Calcium intake was deficient in both groups. Education was the only correlate of calcium intake among secular women, and previous experience with the disease was the main determinant among orthodox women. Compared with the secular group, a considerably lower proportion of orthodox women reported using HRT or having performed a bone density examination. Orthodox participants' level of knowledge about osteoporosis was significantly lower as well. Education was an important correlate of knowledge in both groups, as was having performed a bone density examination. Higher age and being menopausal were important correlates of knowledge only

for secular women. Having a family member suffering from the disease was associated with higher levels of knowledge among orthodox women. Marked differences were found in the participants' sources of information across groups. **CONCLUSIONS:** Findings emphasize the need to expand education in all areas of osteoporosis health-related behaviors among ultra-orthodox women, and in calcium intake and exercise for secular women as well. The transmission of the information should be adapted to the practices of each group. PMID: 14625125 [PubMed - in process]

72: Maturitas. 2003 Dec 10;46(4):245-53.

**Hormone replacement therapy, C-reactive protein, and fibrinogen in healthy postmenopausal women.**

Yilmazer M, Fenkci V, Fenkci S, Sonmezer M, Aktepe O, Altindis M, Kurtay G.; Department of Obstetrics and Gynecology, Faculty of Medicine, Afyon Kocatepe University, Afyon, Turkey

**OBJECTIVE:** To investigate short-term and long-term effects of combined hormone replacement therapy (HRT) on C-reactive protein (CRP) and fibrinogen plasma concentrations in healthy postmenopausal women. **METHODS:** In this cross-sectional study 241 healthy postmenopausal women were enrolled. A total of 81 women were receiving the following treatments for 3 months; transdermal 17beta-estradiol (17beta-E(2))+medroxyprogesterone acetate (MPA) (n=21), oral 17beta-E(2)+norethisterone acetate (NETA) (n=27), and conjugated equine estrogens (CEE)+MPA (n=33). The same combined therapies were implemented in another 58 women for 12 months; transdermal 17beta-E(2)+MPA (n=10), oral 17beta-E(2)+NETA (n=16), and CEE+MPA (n=32). Control group included 102 healthy postmenopausal women not receiving HRT. The effect of the type and the duration of HRT regimens on plasma levels of CRP, fibrinogen and lipids were investigated. **RESULTS:** Median CRP concentrations were significantly higher in women receiving oral 17beta-E(2)+NETA (P=0.037) and CEE+MPA (P=0.0001) for 3 months than in women taking the same types of HRT for 12 months and of those were not on HRT. Median CRP levels were similar in women taking transdermal 17beta-E(2)+MPA for 3 and 12 months, compared with controls. Fibrinogen levels were not different between nonusers and any group of HRT users. **CONCLUSIONS:** These elevated levels of CRP, which appears very recently as a crucial marker for cardiovascular disease, may be responsible for the early increased cardiovascular risk after starting oral combined HRT. But this increased risk in the early period seems to decrease with long-term use. Transdermal 17beta-E(2)+MPA had insignificant effect on CRP both in short-term or in long-term use. PMID: 14625121 [PubMed - in process]

73: Med Care Res Rev. 2003 Dec;60(4):468-95; discussion 496-508.

**Hazards of hospitalization for ambulatory care sensitive conditions among older women: evidence of greater risks for African Americans and Hispanics.**

Laditka JN.; University of South Carolina, USA.

Hospitalization for Ambulatory Care Sensitive conditions (ACSH) has been widely accepted as an indicator of the accessibility and overall performance of primary health care. Previous studies have found conflicting evidence about ACSH disparities associated with race or ethnicity for older persons. This study estimates discrete-time ACSH hazards for women aged 69 or older, using longitudinal data with multivariate controls. Data are from the 1984 to 1990 Longitudinal Study of Aging, linked with Medicare claims. The multivariate results are adjusted for age, education, insurance and marital status, and other factors associated with health status and primary care access, and also for important indicators of need that include self-rated health, comorbidities, physical impairments, and previous hospitalizations. Many of these factors are permitted to vary across time for each individual, thus limiting measurement error. Results suggest that older African American and Hispanic women have markedly higher ACSH risks than older non-Hispanic white women. PMID: 14677221 [PubMed - in process]

74: Minerva Ginecol. 2003 Dec;55(6):511-7.

**No effect of HRT on health-related quality of life in postmenopausal women with heart disease.**

Sherman AM, Shumaker SA, Sharp P, Reboussin DM, Kancler C, Walkup M, Herrington DM.; Department of Psychology, Brandeis University, Waltman, MA, USA.

**AIM:** Previous clinical studies suggest hormone replacement therapy (HRT) alleviates menopausal symptoms and may improve health-related quality of life (HRQL). Most studies on HRT and HRQL were limited in duration (12 months or less) and scope (few and non-standard HRQL measures). The aim of this paper is to assess HRQL in the Estrogen Replacement and Atherosclerosis (ERA) trial. **METHODS:** A subset of women within a randomized, blinded, placebo-controlled secondary prevention trial has been studied in outpatient and community settings at 5 US sites. A total of 246 postmenopausal women with angiographically documented heart disease (mean age 66 years, 83% Caucasian) were enrolled in the ERA trial. Participants received either 0.625 mg/day conjugated equine estrogen only, estrogen plus 2.5 mg/day medroxyprogesterone acetate, or placebo. HRQL was assessed using validated questionnaire instruments at baseline and follow-up (mean 3.2 years of trial). Physical and mental functioning, life satisfaction, depressive symptoms, urinary incontinence, sleep disturbance, and frequency and intensity of physical symptoms were evaluated. **RESULTS:** In this group of women with established coronary disease, active therapy was not significantly associated with more favorable outcomes for any HRQL. The estrogen-only group reported more urinary incontinence than the placebo group ( $p < 0.05$ ). Analyses restricted to adherent women (those who took  $\geq 80\%$  of pills) showed a similar pattern of results, showing that the estrogen only group reported significantly higher urinary incontinence compared to placebo ( $p < 0.01$ ). **CONCLUSION:** The hormone replacement regimens in the ERA trial did not improve HRQL of postmenopausal women with heart disease. PMID: 14676740 [PubMed - in process]

75: NursInq. 2003 Dec;10(4):245-56.

**Rational choice(s)? Rethinking decision-making on breast cancer risk and screening mammography.**

Vahabi M, Gastaldo D.; Toronto District Health Council, Faculty of Nursing, University of Toronto and Faculty of Nursing and Centre for International Health, University of Toronto, Toronto, Canada.

VAHABI M. and GASTALDO D. Nursing Inquiry 2003; 10: 245-256 Rational choice(s)? Rethinking decision-making on breast cancer risk and screening mammography Women who refrain from undergoing breast cancer screening are believed to be uninformed about risks and usually labeled as irrational. Our purpose in writing this paper is to challenge the traditional notion of rational behaviour, illustrating with qualitative data that people's rationality is influenced by their socio-cultural and political identities. We explore three major themes: (1) cultural explanations regarding intention to use screening mammography (2) (dis)trust in science and expert opinion, and (3) self-responsibility and self-surveillance in caring for one's body. Understanding that women rely on different risk discourses to make decisions about their health should aide researchers, health professionals, and the community in better understanding alternative ways of conceptualizing people's health-related behaviours when they do not coincide with health authorities recommendations. PMID: 14622371 [PubMed - in process]

76: Obstet Gynecol. 2003 Dec;102(6):1318-25.

**Postnatal depression and sexual health after childbirth.**

Morof D, Barrett G, Peacock J, Victor CR, Manyonda I.; Obstetrics and Gynecology, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts 02215, USA. morof@caregroup.harvard.edu

**OBJECTIVE:** To investigate the sexual health experiences of depressed and nondepressed postnatal women within a 6-month postnatal period. **METHODS:** This cross-sectional study used obstetric records and postal survey 6 months after delivery from a cohort of primiparous women ( $n = 796$ ) delivering a live-born infant at St. George's NHS Trust, London. Women self-reported sexual problems and sexual behaviors and completed the Edinburgh Postnatal Depression Scale. **RESULTS:** Of the 796 parturients, 484 responded (61%), and 468

completed the survey questions on depression and sexual health (97%). Of the latter, 57 (12%) fit the Edinburgh Postnatal Depression Scale criteria. Comparing the depressed with nondepressed women, resumption of sexual activity occurred with 77% versus 90% ( $P = .003$ ), and the median number of specific sexual problems reported was two versus one, respectively ( $P = .009$ ). **CONCLUSION:** Sexual health problems were common after childbirth in both depressed and nondepressed women; however, depressed women were less likely to have resumed intercourse at 6 months and more likely to report sexual health problems. Given the frequency of sexual health problems, postnatal sexual morbidity cannot be assumed to be simply a product of the depressed mental state.  
PMID: 14662221 [PubMed - in process]

77: Obstet Gynecol. 2003 Dec;102(6):1310-7.

**Reproductive correlates of depressive symptoms among low-income minority women.**

Berenson AB, Breitkopf CR, Wu ZH.; Department of Obstetrics & Gynecology, University of Texas Medical Branch, Galveston, Texas 77555-0587, USA. abberens@utmb.edu

**OBJECTIVE:** To estimate the prevalence of depressive symptoms among women of reproductive age attending family planning clinics across southeast Texas in addition to demographic and reproductive characteristics associated with these symptoms. **METHODS:** A retrospective, self-reported, paper-and-pencil survey designed to assess health and risk behaviors was administered to 4726 low-income suburban women, aged 12 and 40 years, attending a family planning clinic in southeast Texas. The survey contained a background and demographic section in addition to six sections addressing health risk behaviors. Women also completed the 13-item Beck Depression Inventory to assess depressive symptoms. **RESULTS:** A total of 11.8% exhibited mild symptoms of depression, 14.0% had moderate symptoms, and 4.8% had severe symptoms. Women were at increased risk of moderate to severe symptoms of depression if they were Hispanic, had not graduated high school, were unemployed, or currently smoked cigarettes. Sexual or reproductive characteristics associated with moderate to severe symptoms included two or more lifetime sexual partners, having used hormonal contraception before age 13, not using any birth control at last intercourse, having had a sexually transmitted disease, not having had sexual intercourse in the last 3 months or having had it under the influence of alcohol or drugs, and having heard a family member worry about contracting a sexually transmitted disease or discuss use of alcohol or drugs before sex. **CONCLUSION:** A large percentage of women experience moderate to severe depressive symptoms during their reproductive years. These symptoms are associated with numerous risk behaviors, including inconsistent use of birth control. Women's health care providers have the opportunity to provide a valuable service by screening for depressive symptoms.  
PMID: 14662220 [PubMed - in process]

78: Obstet Gynecol. 2003 Dec;102(6):1306-9.

**Suicide in pregnancy.**

Dell DL, O'Brien BW.; Department of Obstetrics and Gynecology, Duke University Medical Center, Durham, North Carolina 27710, USA. dell0001@mc.duke.edu

**BACKGROUND:** Pregnant women with bipolar disorder often elicit conflicts between maternal and fetal considerations. **CASE:** A 26-year-old primigravida at 12 weeks' gestation presented for emergency psychiatric evaluation after discontinuing psychotropic medications when starting prenatal care. She developed worsening depression and was suicidal. She was admitted to an inpatient psychiatric unit, medication was reinitiated, and she appeared to stabilize well enough to be followed as an outpatient. Two days after discharge, she shot herself in the left chest, resulting in her death and that of her fetus. **CONCLUSION:** When choosing to maintain or discontinue mood stabilizers during pregnancy, decisions are best made by the use of a risk-benefit model that takes into account the health and well-being of both mother and fetus.  
PMID: 14662219 [PubMed - in process]



79: Obstet Gynecol. 2003 Dec;102(6):1233-9.

**Predictors of difficulty when discontinuing postmenopausal hormone therapy.**

Grady D, Ettinger B, Tosteson AN, Pressman A, Macer JL.; Department of Epidemiology and Biostatistics, University of California, San Francisco, USA. dgrady@itsa.ucsf.edu

**OBJECTIVE:** To describe the experiences of postmenopausal women who try to stop hormone therapy and to identify characteristics associated with inability to stop. **METHODS:** We conducted telephone interviews with 377 randomly selected female members of the Kaiser Foundation Health Plan, aged 50-69 years, who regularly used hormone therapy for at least 1 year before July 1, 2002 and had attempted to stop between July 2002 and March 2003. **RESULTS:** Of the 377 women, 280 (74%) successfully stopped and 97 (26%) resumed taking hormone therapy. The major predictor of resuming hormone therapy use was the development of troublesome withdrawal symptoms (odds ratio 8.8; 95% confidence interval 4.9, 16.0). Report of hysterectomy, hormone therapy prescribed by a nongynecologist, and perception of high risk of hip or spine fracture were independently associated with a higher likelihood of unsuccessful stopping. Women with a hysterectomy who had used hormone therapy for 10 or more years and who started hormone therapy mainly for reasons other than health promotion were more likely ( $P < .001$ ) to be unsuccessful in quitting (44%) compared with those with one or two (25%) or none (9%) of these three characteristics. Most successful stoppers (71%) stopped hormone therapy abruptly, but 29% tapered off hormone therapy; there was no difference in the incidence of troublesome withdrawal symptoms or successful quitting between these two groups. **CONCLUSION:** Approximately one quarter of women who try to stop report that they are unable to discontinue postmenopausal hormone therapy, primarily because they develop troublesome withdrawal symptoms. Effective approaches to reducing hormone therapy withdrawal symptoms should be a priority for future research. PMID: 14662209 [PubMed - in process]

80: Obstet Gynecol. 2003 Dec;102(6):1240-9.

**Prevalence of estrogen or estrogen-progestin hormone therapy use.**

Brett KM, Reuben CA.; Division of Epidemiology, National Center for Health Statistics/Centers for Disease Control and Prevention, Hyattsville, Maryland 20782, USA. KBrett@cdc.gov

**OBJECTIVE:** To use nationally representative data to produce prevalence estimates of combination estrogen-progestin therapy and estrogen-only therapy by covariates, and to evaluate differences between current use of short duration (less than 5 years) and current long-term use. **METHODS:** We analyzed data from female respondents 40 years of age and older ( $n = 9400$ ) who were interviewed in the 1999 National Health Interview Survey. Hormone therapy use was categorized into four types: current estrogen-progestin therapy use, current estrogen-only therapy use, former hormone therapy use, and never use. We calculated the prevalence of hormone therapy by different levels of previously identified covariates of hormone therapy, as well as overall prevalence of hormone therapy use by length of use. **RESULTS:** Approximately 24% of women aged 40 years or older were current hormone users. Of these, 30% were taking estrogen-progestin therapy, and 70% were taking estrogen-only therapy. The prevalence of hormone use differed dramatically by hysterectomy status and age, and less so by many demographic, health-risk behavior, medical access, and medical history variables. Among women with no hysterectomy, the associations with many of the covariates were stronger for estrogen-progestin therapy use than for estrogen-only therapy use. Only 3% of women were estimated to be current estrogen-progestin therapy users for 5 or more years, whereas 10% were current estrogen-only therapy users for 5 or more years. **CONCLUSION:** Although many women at midlife and older were current hormone users, very few were long-term users of estrogen-progestin therapy. PMID: 14662210 [PubMed - in process]

81: Osteoporos Int. 2003 Dec 16 [Epub ahead of print].

**The effect of 1-year transdermal estrogen replacement therapy on bone mineral density and biochemical markers of bone turnover in osteopenic postmenopausal systemic lupus erythematosus patients: a randomized, double-blind, placebo-controlled trial.**

Bhattoa HP, Bettembuk P, Balogh A, Szegedi G, Kiss E.; Regional Osteoporosis Center, Department of Obstetrics and Gynecology, Medical and Health Science Center, University of Debrecen, Nagyerdei Krt. 98, 4012, Debrecen, Hungary.

We studied the effect of 1-year transdermal estrogen replacement therapy (ERT) on bone mineral density (BMD) and biochemical markers of bone turnover in osteopenic postmenopausal systemic lupus erythematosus (SLE) patients in a randomized, double-blind, placebo-controlled trial. SLE patients were randomly allocated to treatment (estradiol; 50 microg transdermal 17beta-estradiol; n=15) or placebo ( n=17) group. Both groups received 5 mg continuous oral medroxyprogesterone acetate, 500 mg calcium and 400 IU vitamin D(3). L(1)-L(4) spine (LS), left femur and total hip BMD were measured at baseline and at 6 and 12 months. Serum osteocalcin (OC) and degradation products of C-terminal telopeptides of type-I collagen (CTx) levels were measured at baseline and 3, 6, 9, and 12 months. There was a significant difference in the percentage change of LS BMD at 6 months between the two groups (103.24+/-3.74% (estradiol group) vs 98.99+/-3.11% (placebo group); P<0.005). There was a significant decrease within the estradiol group in the CTx levels between baseline and all subsequent visits ( P<0.05). There was no significant difference in SLE disease activity index, Systemic Lupus International Collaborating Clinics/American College of Rheumatology (ACR) damage index and corticosteroid dose during the study period. Transdermal estradiol may prevent bone loss in postmenopausal SLE women at the lumbar spine and femur, with no increase in disease activity among postmenopausal SLE women receiving transdermal ERT. The high dropout rate (8/15) leads us to the conclusion that efficacy of HRT in a high-risk group such as SLE women can be attained only in a small number of patients, provided all inclusion/exclusion criteria are strictly adhered to.

PMID: 14676992 [PubMed - as supplied by publisher]

82: Osteoporos Int. 2003 Dec 16 [Epub ahead of print].

**Risk assessment and screening for low bone mineral density in a multi-ethnic population of women and men: does one approach fit all?**

Broussard DL, Magnus JH.; Tulane University School of Public Health and Tropical Medicine, Suite 2301, 1440 Canal Street, 70112, New Orleans, Louisiana, USA.

Screening for osteoporosis is currently recommended for all women aged 65 years and older in the USA. How to address screening of non-white women and all men is unclear. Osteoporosis risk assessment questionnaires have been designed and tested mostly among postmenopausal white women, and there is a lack of consensus on appropriate bone mineral density (BMD) cut-off values for defining osteoporosis in non-white persons. The objectives of the present study were to identify a set of risk factors from published population-based studies in white women and men and determine the ability of these risk factors to predict osteoporosis and low BMD in African-American (AA), Mexican-American (MA), and white women and men, and to assess the diagnostic accuracy of this set of risk factors for identifying osteoporosis separately in AA, MA, and white women and men by the use of data for 2,590 women and 2,391 men 50-79 years of age from the third National Health and Nutrition Examination Survey (NHANES III). We employed the World Health Organisation (WHO) definition of osteoporosis, using race/ethnic and gender-specific young adult mean values when calculating the T scores. Low body-mass index, low calcium intake, current cigarette smoking, and physical inactivity were independent risk factors identified from population-based studies. The presence of one or more risk factors was associated with having osteoporosis and low BMD in all groups. The strength of these associations was greater when two or more risk factors were present but varied with race/ethnicity, gender, and age. We conclude that this set of osteoporosis risk factors predicts osteoporosis in non-white women and men. Furthermore, as a risk assessment tool, this set of risk factors might be useful for reducing the number of unnecessary BMD tests performed in older women as well as identifying non-white men who do not require BMD testing.

PMID: 14676991 [PubMed - as supplied by publisher]

83: Soc Sci Med. 2003 Dec;57(11):2137-47.

**Marriage, widowhood, and health-care use.**

Iwashyna TJ, Christakis NA.; Department of Medicine, Hospital of the University of Pennsylvania, Pennsylvania, PA, USA. iwashyna@alumni.princeton.edu

Despite suggestive evidence, there has been no adequately powered systematic study of the ways in which marital status influences health care consumption. Using a novel data set of 609016 newly diagnosed, seriously ill elderly individuals in the USA, and employing hierarchical linear models, we look at differences in the experience of hospitalization as a function of marital status. We find that the married consistently use higher quality hospitals and have shorter lengths of stay. On the other hand, the married and the widowed appear to receive similar quality care once they are in the hospital. Marital status thus has a substantial impact on the health care obtained by the elderly. We suggest that these patterns are most consistent with spouses exerting their benefits by functioning as higher-order decision-makers than as home health assistants.

PMID: 14512244 [PubMed - indexed for MEDLINE]

84: Womens Health Issues. 2003 Nov-Dec;13(6):201-3.

**Climbing out of our boxes: advancing women's health for the twenty-first century.**

Bierman AS.

PMID: 14675788 [PubMed - in process]